

HAGERSTOWN COMMUNITY COLLEGE

VA CERTIFICATION OF CLASSES FORM (CH 30, CH 35, CH 1606)

PLEASE INDICATE WHICH BENEFITS YOU ARE USING:

- CHAPTER 30 (MGIB ACTIVE DUTY)
- CHAPTER 35 (DEPENDENT EDUCATION ASSISTANCE)
 - o Veterans SS#: _____
- CHAPTER 1606 (MGIB SELECTED RESERVE)

NAME: FIRST: _____ M: _____ LAST: _____

HCC STUDENT ID# _____ Last 4 of Students SS#: _____

PHONE: HOME: _____ CELL: _____

BIRTHDAY: Month: _____ Day: _____ Year: _____

CURRENT ADDRESS: Street: _____ City: _____ State: _____

Zip code: _____ HCC Student Email Address: _____

SEMESTER TERM: (PLEASE CIRCLE ONE): FALL SPRING SUMMER OTHER

- Are you seeking an HCC degree _____ or Are you a visiting student from another college? _____
Primary College: _____ **MAJOR OF STUDY?** _____
- If you're a new student, have you used VA Education Benefits at another college? _____ If Yes, where?

- Military Branch of Service: _____
- Date Separated from service: _____

Course # (i.e. ENG 102 01)	Course Name (i.e. English Composition)	Number of Credits	Class Start Date	Class End Date

1. I understand that payment of benefits WILL NOT BE ALLOWED for a class that is not REQUIRED for completion of my current degree program. *Student INT: _____
2. I understand that a grade of "W" may result in a reduced payment from the VA. *Student INT: _____
3. I understand that I'm financially responsible for any amounts not paid to HCC by the VA, and the VA will hold me financially responsible for any overpayments of my benefits. *Student INT: _____
4. I understand that HCC makes no assurances concerning my housing stipend or book allotment and I will consult with the VA with any questions regarding this matter. *Student INT: _____
5. I understand that I must complete a **CHAPTER 31 VA CERTIFICATION OF CLASSES FORM** prior to the beginning of each semester I register to take class[es]. *Student INT: _____

By signing this form, I acknowledge all information is true to the best of my knowledge and if any information should need changed, it is my responsibility to notify the HCC School Certifying Official immediately of such changes.

Student Signature: _____ Date: _____