

HAGERSTOWN COMMUNITY COLLEGE

VA CERTIFICATION OF CLASSES FORM

PLEASE INDICATE WHICH BENEFITS YOU ARE USING:

- ☐ CHAPTER 30 – MGIB Active Duty
- ☐ CHAPTER 31 – Veterans Readiness & Employment (VR&E)
- ☐ CHAPTER 33 – Post 9/11 GI Bill
- ☐ CHAPTER 35 – Dependent Education Assistance (DEA)
- ☐ CHAPTER 1606 – MGIB Selected Reserve

Student ID Number: _____

Student Full Name: _____

Student HCC Email: _____

Student Phone Number: _____

Current Address: _____

Primary College: _____

Degree or Program of Study: _____

Semester you are registering for: _____

Course Section (i.e., ENG 102-01)	Course Name (i.e., English Composition)	Number of Credits	Class Start Date (MM/DD/YYYY)	Class End Date (MM/DD/YYYY)

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 Initial: _____
2. I understand that a grade of "W" may result in a reduced payment from the VA. *Student Initial: _____
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 Initial: _____
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 Initial: _____
5. I understand that I must complete a **VA CERTIFICATION OF CLASSES FORM** before the beginning of each semester I register to take classes. *Student Initial: _____

By signing this form, I acknowledge that all information is true to the best of my knowledge. If any information needs to be changed, it is my responsibility to notify the HCC School Certifying Official immediately of such changes.

Student Signature: _____

Date: _____