

HAGERSTOWN COMMUNITY COLLEGE

VA CERTIFICATION OF CLASSES FORM

OFFICE USE ONLY

☐ Fall _____
☐ Spring _____
☐ Summer _____

NAME _____
SS# or HCC ID# _____
ADDRESS _____
CITY / STATE / ZIP _____
HOME PHONE _____ WORK PHONE _____
E-MAIL _____ BIRTH DATE _____

Current Term (Circle One): **Fall** **Spring** **Summer** **Other**

If new, are you seeking an HCC degree _____ or Are you a visiting student from another college? _____

Degree Program _____ Are you currently on Active Duty? (Circle One) Yes No

If you're a new student have you used VA Education Benefits at another college? _____ If Yes, where? _____

List the branch of service you were or/are in: _____

Benefit applying for (Circle One Below):

Chapter 30 Chapter 31 Chapter 32 Chapter 33 Chapter 35 Chapter 1606 Chapter 1607 (Reap)

List the courses that are you are seeking certification for:

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

*Is one of these classes an Internship? YES NO If yes, list Internship location: _____

- ☐ I understand it is my responsibility to notify the Records office of any changes in dependency status, address, program of study, dropped or added classes, complete withdrawals, or changes to audit or incomplete.
- ☐ I understand that payment of benefits is not allowed for a class that is not **REQUIRED** in my degree program, that I have received transfer credit for, an audited class, or for a repeated course (unless the grade was an "F").
- ☐ I understand that a grade of W may result in a reduced payment from the VA.
- ☐ I understand that I am financially responsible for any amount not paid by the VA, and the VA will hold me responsible for any overpayment of my benefits.
- ☐ I understand that HCC makes no assurance concerning housing stipend or book allotment and the student will consult the VA with all questions.
- ☐ I understand that I **MUST** complete and turn in this form **EVERY** semester to use my VA Benefits.

Signature _____ Date _____