

**FOR CONTINUING VA STUDENTS ONLY !!!!!**

**DIRECTIONS:** Complete this form and return it to the Veterans Services Office . *It is your responsibility* to notify the Veterans Services Office of any changes in your enrollment, credit load, program of study and/or address.  
**PLEASE PRINT ALL INFORMATION**

FIRST NAME	MIDDLE	LAST NAME	PVCC ID#
ADDRESS:			VA File #
CITY	STATE	ZIP CODE	Social Security#
PHONE NUMBER	E-MAIL ADDRESS		EST GRADUATION Sem/Yr
<b>CHAPTER</b> <input type="checkbox"/> Chap 33 <input type="checkbox"/> Chap 30 <input type="checkbox"/> Chap 1606 <input type="checkbox"/> Chap 1607 (REAP) <input type="checkbox"/> Chap 31 - Voc Rehab <input type="checkbox"/> Chap 35 - Dependent: VA Claim # _____			<b>Program of Study/ Degree program</b> (AA, AGS,AAS, AS, AGECA, CCL Etc)

**Is PVCC your parent school?**  
 Yes\_\_\_\_\_ No\_\_\_\_\_

**If not, who is?**  
 \_\_\_\_\_

**Will you be attending more than 1 school?** \_\_\_\_\_

List all schools that you have previously attended. You have one semester to have your official transcripts sent from previous schools to PVCC.

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION PERIOD**

**Academic Year:**

\_\_\_\_\_ Fall

\_\_\_\_\_ Spring

\_\_\_\_\_ Sum I

\_\_\_\_\_ Sum II

COURSE	CREDIT HOURS	Start date	End Date
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

**NOTE :** No payment will be received for audited courses. Most PED courses cannot be certified for VA benefits unless required for your program of study.

- My signature below indicates:**
1. the information given above is complete, correct and accurate
  2. I give my permission for VA representatives to review my educational records
  3. I give my permission to the Veterans Services Office to release educational information and information necessary for financial aid distribution
  4. I understand that I am responsible for paying fees and tuition within the deadlines established by the college
  5. I am responsible for informing the Veterans Services Office of any changes in my enrollment
  6. I understand that unsatisfactory progress or non-attendance will be reported to the VA

7. I understand that changes in my registration may alter the payment the VA will award me

Signature \_\_\_\_\_

Date

REV 07/09

FOR OFFICE USE ONLY