

Germanna Community College

VETERAN REGISTRATION CERTIFICATION FORM

Full Name \_\_\_\_\_

SSN \_\_\_\_\_

VA File Number (if different from SSN) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

If your address or telephone number has changed, please complete a Change Form and return it to the Admissions & Records Office at either campus.

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**Active Duty:**    Yes   No                      **Term:**   *Fall*   *Spring*   *Summer*   Year: \_\_\_\_\_

**Program:** \_\_\_\_\_

Course Prefix (ENG)	Course Number (112)	Section Number (91)	Number Of Credit Hours	Is Course Required in Degree Program?	**VA USE ONLY**			
					Begin Date	End Date	Tuition Paid	Certify Date

**STATEMENT OF UNDERSTANDING**

1. EACH TERM I must report my registration and any changes in my enrollment to the Veterans Representative in the Admissions & Records Office at either campus.
2. I must be officially enrolled in a program of study and I will ensure that the courses I am taking are required or can be used as electives in my program of study. I understand that I must make satisfactory progress toward graduation. I must be in a program before I complete two semesters at GCC.
3. I must have all prior training evaluated by Germanna Community College. This must be completed before I complete two semesters at GCC. I do not expect to receive VA benefits for requirements previously fulfilled.
4. I understand that courses scheduled to meet for other than the normal 16-week term may be paid at a different rate based on the number of credits and the length of the course.
5. I understand that grades of W and X may result in a reduced payment from the VA.
6. I understand that the VA will hold me responsible for any overpayment of my educational benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_