



Veteran's Enrollment Reporting Form

Purpose: Semester Enrollment Semester Enrollment Change Starting Credit Hours New Credit Hours

Term: Fall Spring Summer Year:

Name: Student ID:

Address: City/State/Zip:

Phone: Email:

SSN: Program:

Chapter Benefits: 30 31 33 35 1606 1607

CRS PREFIX (MATH)	CRS NO (101)	SEC (10)	CREDIT HR (3)	START DATE (MM/DD/YY)	END DATE (MM/DD/YY)	ONLINE (Y/N)
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STATEMENT OF UNDERSTANDING

- EACH TERM** I must report my registration and any changes in my enrollment to the VA Certifying Official at Blue Ridge Community and Technical College.
- I must be officially enrolled in a program of study leading to a degree or certificate and have all prior education and training evaluated by Blue Ridge Community and Technical College. I understand the VA will not pay for courses previously completed.
- I will ensure that the courses I am taking are required as part of my degree or certificate program or can be used as an elective in my program of study.
- I understand that I must make Satisfactory Academic Progress towards graduation.
- I understand that the VA will hold **ME, the student**, responsible for any overpayment of my educational benefits.

Date:

Signature: