



NAME: _____ CoSCC ID A _____
LAST FIRST MI

CHAPTER: 30 31 35 1606 1607 (REAP) CURRENT ACTIVE DUTY

VA FILE NUMBER: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: _____ ALTERNATE PHONE: _____

Enrollment information for: FALL 20 SPRING 20 SUMMER 20

CURRENT MAJOR: _____ AS AA AAS

Enter your class schedule for the term listed above:

<u>Course ID</u>	<u>Course Title</u>	<u>Credit Hours</u>
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Important Information – Please Read!!!

1. I understand that no certification will be sent to the VA until this form is properly completed and returned to Columbia State Community College.
2. I agree to accept liability and assume responsibility for overpayments which result from my failure to officially notify the VA Certifying Official at Columbia State immediately of any changes in my enrollment status. (Drop, Add, Withdrawal, or Change of Major)
3. I understand that I will **NOT** be paid for EXCESSIVE ELECTIVE COURSES, PREVIOUSLY PASSED COURSES, or other courses which do not qualify for VA benefits.
4. I understand that I will receive educational benefits only for courses that must be completed to meet graduation requirements for the degree I am currently pursuing at Columbia State, and that I am responsible for reviewing my degree requirements at each registration to avoid taking excessive elective courses.
5. I understand that I must maintain satisfactory academic progress as defined by the Columbia State catalog.
6. I authorize Columbia State to use and/or release the information contained herein to process my veteran's educational benefits.
7. I certify that all information contained herein is complete and correct.

STUDENT'S SIGNATURE

DATE