

If you plan on attending school and want to use your VA benefits, you must fill out and return this form to me as soon as possible. **You will need to do this each semester. You need to be Pre-enrolled before submitting this form.** (Enrollment certification will not be done unless you and an academic advisor complete and sign this form) Incomplete forms WILL BE RETURNED TO YOU. Return to: Jesse Pitchford, VA Certifying Official, - Hutchinson Community College, 1300 N. Plum, Hutchinson KS. 67501; FAX: 620-728-8149; E-Mail: pitchfordj@hutchcc.edu

Veterans Enrolled for
Fall ___ Spring ___ Summer___
(CHECK ONE)

Date Form Submitted _____

Social Security Number _____

Name _____

Phone # _____

Current Address _____

E-Mail Address _____

Is this a change of address _____ No _____ Yes

Do you receive BAH _____ No _____ Yes

* * * * *

Is Advance payment Requested? _____ No _____ Yes (must be made prior to the beginning of classes)
*****Chapter 33 Post 9/11 is not eligible for Advance Pay*****

If Yes, Signature Is Required _____

(OVER)

HCC form 100

Veterans Academic Plan

Program of Study _____ **(MUST BE COMPLETED)**

Is this a change of Program **NO / YES** (if yes you **MUST** also complete Form 22-1995)

You may complete this Form at: www.GIBILL.va.gov

After doing that you **MUST PRINT OUT AND TURN IN** a copy of the completed form to me.

| Course# | Course Title | Credit/Clock Hours | Repeat Course | Repeat Course Required for Program | Remedial Course |
|---------|--------------|--------------------|---------------|------------------------------------|-----------------|
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |

I, the student, understand that if any changes are made to the academic schedule listed above I am required to notify both HCC's veteran's certifying official and the Department of Veterans immediately.

Student's Signature

As an Academic Advisor, I have reviewed the student's academic plan and transcripts and have determined that the above listed classes are necessary for the program of study and/or to graduate from HCC.

Advisors Signature