



# HUTCHINSON COMMUNITY COLLEGE

<b>First Name</b>	<b>Last Name</b>
<hr/>	<hr/>
<b>Social Security Number (required)</b>	<b>Phone #</b>
<hr/>	<hr/>
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	(    ) <hr/>
Year	
<input type="checkbox"/> = 'U a 'U' [ i Ygh'gh i XYbh'UbX' a m' dUfYbh'gW\cc` ]g.	
To be certified, GUEST STUDENTS must request a "PARENT SCHOOL LETTER" be sent to HutchCC VA Certifying Official from the above-listed school	

BYk`Gh i XYbh`     7 cbh]b i]b [ `Gh i XYbh`

HfUbgZYf`Sh i XYbh`

*\* If benefits have been used at another institution, student must complete a change of place of training form at [www.vets.gov/education/apply-for-education-benefits/application/1995/introduction](http://www.vets.gov/education/apply-for-education-benefits/application/1995/introduction)*

:= F9E I 9GH'HC' < 5J9' AM'9BFC@@A9BH'79FH=: :98'HC'H<9' J5': CF'H<9': C@@CK=B; `69B9:=H.

<p><b>J9H9F5B`69B9:=HG</b></p> <p><input type="checkbox"/> 7&lt;DH`'`'Dcgh`-#%` ; = 6]`'`'`  <input type="checkbox"/> X^c^iæ}    <input type="checkbox"/> CE&amp;caÇ^ Ö`c^</p> <p><input type="checkbox"/> 7&lt;DH`'\$`Acbh[ca Yfm` ; = 6]`'`'`</p> <p><input type="checkbox"/> 7&lt;DH`%*\$`*`A ; = 6!GF#%*\$`+`F95D</p> <p><input type="checkbox"/> 7&lt;DH`'%`J5`JcWUh]cbU`FY\UV]`hUh]cb        X(Öæ•^ Tæ}æ*^!        Ú@ [ ] ^!ÁÁ</p>	<p><b>GDC I G9#89D9B89BH`69B9:=HG</b></p> <p><input type="checkbox"/> 7&lt;DH`'`'Dcgh`-#%` ; = 6]`'`'`Ug`U`flW\ccgY`cbYl.`'`'`'`  <input type="checkbox"/> V!æ}•-^! [- Ö}cäc ^ { ^}c    <input type="checkbox"/> Ø!^ Ú&amp;@[ æ!•@ä] Ü^&amp;ä]ä^}c</p> <p><input type="checkbox"/> 7&lt;DH`'')`8YdYbXYbh#G i f j] j cf`9X i WUh]cb`5gg]ghUbWY        X(Öä ^ À _____</p>
--	---

VA benefits are paid directly to the student, EXCEPT Chapter 33 which pays to P`c&@CC. It is the students responsibility to ensure all debts are paid to P`c&@CC prior to enrolling each semester. By signing, I acknowledge æ}ä!æ\*!^! to comply with all VA regulations.

G][ bUh i fY` \_\_\_\_\_

8UhY` \_\_\_\_\_

8UhY`FYWY]jYX.`Ø[!    W•^

## JYhYfUbg' 5WUXY a ]W'D`Ub

Program of Study' ..... ÇA IGH' 69' 7CAD@9H98D

Q•Ác@â•ÁæÁ&@æ} \* ^Á[-Áp! [ \* !æ { ?Á BC' #' M9G

Is advance payment requested? NO / YES (Must be requested prior to the beginning of classes)

ÁÁÁ†††7\UdhYf' ' ' 'Dcgh' -#%%' ]g' bch' Y' ] [ ] V' Y' Zcf' 5X j UbWY' DUm†††

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
			Y / N	Y / N	Y / N

QÉÁc@^Á•c~á^}cÉÁ~}á^!•cæ}áÁc@æcÁc { Á!^~á!^áÁc[Á] [cá~^ÁP~c&@ÔÔc•ÁXCEÁÔ^!cá~á} \* ÁU~á&áæ|Áæ} áÁc@^ÁXCEÁ[-Áæ} ^Á&@æ} \* ^Á { æá^Ác[Á { ^Á•&@^á~|Áá { { ^ááæc^|~ÉÁ

..... Á  
**Gh i XYbh' G] [ bUh i fY**

QÉÁc@^ÁCE&æá^ { á&ÁCEáçá• [ !ÉÁ&^!cá~Ác@^Á&|æ••^Á|á•c^áÁæà [ç^Áæ!Á!^~á!^áÁ- [ !Ác@â•Á•c~á^}c•Áá^\*!^Á [ !Á&^!cá~á&æc^É

..... Á  
**5X j]gcf' G] [ bUh i fY**