



# HUTCHINSON COMMUNITY COLLEGE

First Name

Last Name

HutchCC ID

EMAIL

( )

Social Security Number

Phone #

CHOOSE SEMESTER: ☐ Fall ☐ Spring ☐ Summer

Year

CHOOSE STATUS: ☐ I am a HutchCC student. My degree/cert is:

☐ I am a guest student and my parent school is:

*To be certified, GUEST STUDENTS must request a "PARENT SCHOOL LETTER" be sent to HutchCC VA Certifying Official from the above-listed school*

I AM A:

☐ New Student

☐ Continuing Student

☐ Transfer Student\*

*\* 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)*

I REQUEST TO HAVE MY ENROLLMENT CERTIFIED TO THE VA FOR THE FOLLOWING BENEFIT:

## VETERAN BENEFITS

☐ CHPT 33 Post 9/11 GI Bill  
☐ Veteran ☐ Active Duty

☐ CHPT 30 Montgomery GI Bill

☐ CHPT 1606 MGIB-SR/1607 REAP

☐ CHPT 31 VA Vocational Rehabilitation

VA Case Manager

Phone #

## SPOUSE/DEPENDENT BENEFITS

☐ CHPT 33 Post 9/11 GI Bill as a (choose one):

☐ Transfer of Entitlement ☐ Fry Scholarship Recipient

☐ CHPT 35 Dependent/Survivor Education Assistance

VA File #

VA benefits are paid directly to the student, EXCEPT Chapter 33 which pays to HutchCC. It is the students responsibility to ensure all debts are paid to HutchCC prior to enrolling each semester. By signing, I acknowledge and agree to comply with all VA regulations.

Signature

Date

**Questions? Contact Olivia Rodriguez, VA Certifying Official, 620.665.3447 or 1.888.GOHUTCH EMAIL: [Rodriguezol@hutchcc.edu](mailto:Rodriguezol@hutchcc.edu)**

## Veterans Academic Plan

Program of Study \_\_\_\_\_(MUST BE COMPLETED)

Is this a change of program? **NO / YES**

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

**\*\*\*Chapter 33 Post 9/11 is not eligible for Advance Pay\*\*\***

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

I, the student, understand that I'm required to notify HutchCC's VA Certifying Official and the VA of any changes made to my schedule immediately.

\_\_\_\_\_  
**Student Signature**

I, the Academic Advisor, certify the classes listed above are required for this student's degree or certificate.

\_\_\_\_\_  
**Advisor Signature**

**Return to:** Olivia Rodriguez, VA Certifying Official, Financial Aid Office, 1300 N. Plum, Hutchinson , KS 67501  
Phone: 620.665.3447 or 1.888.GOHUTCH FAX: 620.728.8149 Email: Rodriguezol@hutchcc.edu