



HUTCHINSON COMMUNITY COLLEGE

First Name _____	Last Name _____
HutchCC ID _____	EMAIL _____
Social Security Number _____	Phone # _____ () _____
CHOOSE SEMESTER: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ Year	
CHOOSE STATUS: <input type="checkbox"/> I am a HutchCC student. My degree/cert is: _____	
<input type="checkbox"/> I am a guest student and my parent school is: _____	
<i>To be certified, GUEST STUDENTS must request a "PARENT SCHOOL LETTER" be sent to HutchCC VA Certifying Official from the above-listed school</i>	

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

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

<u>VETERAN BENEFITS</u>	<u>SPOUSE/DEPENDENT BENEFITS</u>
<input type="checkbox"/> CHPT 33 Post 9/11 GI Bill <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty	<input type="checkbox"/> CHPT 33 Post 9/11 GI Bill as a (choose one): <input type="checkbox"/> Transfer of Entitlement <input type="checkbox"/> Fry Scholarship Recipient
<input type="checkbox"/> CHPT 30 Montgomery GI Bill	<input type="checkbox"/> CHPT 35 Dependent/Survivor Education Assistance VA File # _____
<input type="checkbox"/> CHPT 1606 MGIB-SR/1607 REAP	
<input type="checkbox"/> CHPT 31 VA Vocational Rehabilitation VA Case Manager _____ Phone # _____	

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 Nathan Buche, VA Certifying Official, 620.665.3569 or
1.888.GOHUTCH EMAIL:buchen@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
			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: Nathan Buche, VA Certifying Official, Financial Aid Office, 1300 N. Plum, Hutchinson , KS 67501
 Phone: 620.665.3569 or 1.888.GOHUTCH FAX: 620.728.8149 Email: buchen@hutchcc.edu