

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
Last First MI

**Westmoreland ID #:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**CHAPTER:** \_\_\_\_\_ **30 (Active Duty)** \_\_\_\_\_ **31 (VA Voc Rehab)** \_\_\_\_\_ **33 (Post 911)**  
 \_\_\_\_\_ **35 (Dependent of a Veteran)** \_\_\_\_\_ **1606 (Reserve/Nat'l Guard)** \_\_\_\_\_ **1607 (REAP)**  
 \_\_\_\_\_ **CURRENT ACTIVE DUTY**

**CURRENT ADDRESS:** \_\_\_\_\_  
Street City State Zip Code

**HOME PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**ENROLLMENT INFORMATION FOR:** \_\_\_ **FALL 20** \_\_\_ : \_\_\_ **SPRING 20** \_\_\_ : \_\_\_ **SUMMER 20** \_\_\_

**CURRENT MAJOR:** \_\_\_\_\_ \_\_\_ **AA** \_\_\_ **AS** \_\_\_ **AAS** \_\_\_ **Cert** \_\_\_ **Dip**

**Enter your class schedule for the term listed above:**

<u>Course ID</u>	<u>Course Title</u>	<u>Credit Hours</u>

**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 the Financial Aid Office at Westmoreland County 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 Westmoreland County Community College 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 Westmoreland County Community College, 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 Westmoreland County Community College catalog.
6. I authorize Westmoreland County Community College 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 Signature (**Must** be signed in blue or black ink)

\_\_\_\_\_  
 Date