**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State/Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program of Study/Major**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Check One**  | **VA Education Benefit Programs** |
|  | Chapter 30 (Active Duty Educational Assistance Program) |
|  | Chapter 31 (Vocational Rehabilitation & Employment Program  |
|  | Chapter 33 (Post 9-11 Educational Assistance Program) |
|  | Chapter 35 (Survivors’ & Dependents’ Educational Assistance Program) |
|  | Chapter 1606 (Selected Reserve Educational Assistance Program) |
|  | Chapter 1605 (Selected Reserve Educational Assistance Program) |

Please indicate the number of hours for which you plan to enroll during the following terms. You should also indicate if your planned credit hours are developmental (*course number begins with “0”)* **OR** regular curriculum level courses

|  |  |  |  |
| --- | --- | --- | --- |
| **Semester** | **Dates** | **Curriculum** | **Developmental** |
| Fall |  |  |  |
| Spring |  |  |  |
| Summer |  |  |  |

**Attestation & Signature:** I acknowledge the information provided is accurate. Should any information change, I will notify the VA Office in writing. I agree to adhere to policies and procedures set forth by both *Department of Veterans Affairs* and *Robeson Community College*.

I will comply with VA and College regulations regarding Drops, Withdrawals, and Termination of registration.

I understand, if applicable, I must verify attendance at the end of each month.

I understand enrollment will not be submitted to VA until I am registered for courses.

I understand that I will not be paid for courses not in my curriculum.

I understand I will not be paid for courses challenged or audited.

I understand I will not be paid for Pre-curriculum courses taught online.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date