

OFFICE OF THE University Registrar

VA-1 Form

Last Name	First Name	Middle Name		Vanderbilt ID Number		
tudent's SSN Date of Birth		Vanderbilt Email Address				
Permanent Address	City	State	Zip Code	Phone		
School List term for which vo	Major Degree re applying for VA Benefits (List year next to semester below):					
Fall	Spring	Summer		Year		
Chapter 30 (Montgomer	Chapter 35 (I	Chapter 35 (Dependent)				
Chapter 31 (Vocational		Chapter 1606 (Reserve & National Guard)				
Chapter 32 (V.E.A.P.)	•	Chapter 1607 (REAP)				
Are you? service member spouse dependent Is the service member on active duty? yesno Number of hours enrolled? Do you expect to graduate this semester? yes no List any courses with a "Distance Learning / Online Component" bel		Undergradua Are you enro	Have you changed your major? yes no Undergraduate Graduate / Professional Are you enrolled in Champ VA? yes no Will you use the VU faculty/staff discount? yesno Are you repeating any classes? yes no ow:			
		Are you repe				
List any practica, projec	ts, externships, or other courses being	completed out-of-state	(outside Ten	nessee) below:		
changes in my enrollment, the purpose of defraying t All course work must Withdrawal, schedule	nd responsibility for any overpayments that school, degree, or program. I also accept uition and fees that is awarded following note required for my approved degree in orce changes or failure for nonattendance coumay vary from term to term and within a t	liability for any overpaym ny initial certification to th ler to receive VA benefits Id result in recoupment o	ents resulting for the VA. I undersone The VA only properties.	from the receipt of aid designation that:		

- I must notify the school certifying official of any change of address.
- I must meet VA satisfactory progress standards to continue to be eligible for VA educational benefits.
- I consent to the release to the VA all of my student education records maintained by Vanderbilt University including but not limited to my social security number.
- I have provided the most recent COE that I have received to the school certifying official.
- I must complete this form each and every semester in which I wish to be certified for VA educational benefits.
- I certify that all information on this form is complete and accurate.

Signature (We cannot accept an e-signature.)

Please df]bhth]g Zcfa z̃g][bz̃UbX´fYh fb`h Y`Wca d`YhYX Udd`]WUrjcb'by mail or fax (615) 343-7709. 5 'GGB' should not be sent via email"

Questions: 615-322-7701 or university.registrar@vanderbilt.edu

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