

OFFICE OF THE University Registrar

VA-1 Form

Last Name	First Name	Middle Name		Vanderbilt ID Number		
Student's SSN Date of Bi			Vanderbilt Email Address			
Permanent Address	City	State	Zip Code	Phone	_	
School	Major		Degree			
List term for which yo	u are applying for VA Benefits (MYUf`8	S\$SSS):				
Fall	Spring	Summer		Year		
Chapter 30 (Montgome	Chapter 35 (Chapter 35 (Dependent)				
Chapter 31 (Vocational	Chapter 160	Chapter 1606 (Reserve & National Guard)				
Chapter 32 (V.E.A.P.)	Chapter 160	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" below		-	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 enro				
		Will you use				
			eating any cla	sses? yesno		
List any practica, projec	cts, externships, or other courses being	completed out-of-state	e (outside Ter	nessee) below:		
changes in my enrollment the purpose of defraying to • All course work must	and responsibility for any overpayments that i, school, degree, or program. I also accept li cuition and fees that is awarded following m be required for my approved degree in order e changes or failure for nonattendance coul	iability for any overpayn y initial certification to t er to receive VA benefits	nents resulting he VA. I under s. The VA only	from the receipt of aid designated stand that:		
Renefits from the VA	may vary from term to term and within a te	orm hased on my enrolln	nent			

- 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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