



VA-1 Form

Last Name	First Name	Middle Name	Vanderbilt ID Number	
Student's SSN	Date of Birth	Vanderbilt Email Address		
Permanent Address	City	State	Zip Code	Phone
School	Major	Degree		

List term for which you are applying for VA Benefits (List year next to semester below):

Fall _____	Spring _____	Summer _____	Year _____
Chapter 30 (Montgomery GI Bill)		Chapter 35 (Dependent)	
Chapter 31 (Vocational Rehab)		Chapter 1606 (Reserve & National Guard)	
Chapter 32 (V.E.A.P.)		Chapter 1607 (REAP)	
Is the service member on active duty? ____ yes ____ no		Have you changed your major? ____ yes ____ no	
Are you? ____ service member ____ spouse ____ dependent		Undergraduate ____ Graduate / Professional ____	
Number of hours enrolled? _____		Are you enrolled in Champ VA? ____ yes ____ no	
Do you expect to graduate this semester? ____ yes ____ no		Will you use the VU faculty/staff discount? ____ yes ____ no	
		Are you repeating any classes? ____ yes ____ no	

List any courses with a "Distance Learning / Online Component" below:

List any courses being completed out-of-state (outside Tennessee) below:

I agree to accept liability and responsibility for any overpayments that result from my failure to notify the school certifying official immediately of changes in my enrollment, school, degree, or program. I also accept liability for any overpayments resulting from the receipt of aid designated for the purpose of defraying tuition and fees that is awarded following my initial certification to the VA. I understand that:

- All course work must be required for my approved degree in order to receive VA benefits. The VA only pays for completed courses. Withdrawal, schedule changes or failure for nonattendance could result in recoupment of benefits.
- Benefits from the VA may vary from term to term and within a term based on my enrollment.
- 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 _____	Date _____
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Please do not sign (e-signatures are not accepted), do not fax (615) 343-7709. Signatures should not be sent via email"

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

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