



OFFICE OF THE University Registrar

VA-1 Form for Chapter 33A

Student Name, Social Security Number, Term, and VA ID Number

Current Enrollment Status, Current Degree Program, and Current Term

Current VA Status, Current VA Term, and Current VA Program

Current VA Status, Current VA Term, and Current VA Program

List term for which you are applying for Chapter 33 Benefits

Term, Degree Program, and VA ID Number for the term of application

Signature and Date line

PLEASE READ: Classes that do not meet for the entire semester are only certified for the period in which they meet.

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.

- List of conditions for VA benefits: All course work must be required, benefits may vary, notify of address change, meet progress standards, consent to release records, provide COE, complete form each semester, certify information is accurate.

Signature

Date

Please do not send e-signatures by mail or fax (615) 343-7709. A SSN should not be sent via email

Handwritten signature and date