

## OFFICE OF THE University Registrar

## VA-1 Form for Chapter 33Á

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Ù&@ [  Á	 Tæt≬¦Á			Ö^*¦^^Á		
List term for which you a	re applying for Chapter 33	Benefits <mark>fL</mark>	ist year next to sen	nester belowŁ: <i>Á</i>	j.	
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Šão⇔÷)^Á&[*¦•^•Á, ão©Á⇔Á%Öão	œa) &^ÁŠ^œa} āj *ÁĐÁU}  āj ^ÁÔ[{	][}^}c+Áà^	[¸KÁ			
	\¢¢^\}•@ <b>]•</b> ÊÄ\¦Á\c@\¦Á& `¦•^•	Áa^āj*Á&[{	] ^c^åÁ(`dË,~Eoæe^Á()	Ç~o~ãa^Á/^}}^••	•^^D\$a^ [, kÁ	
PLEASE READ: Classes that do	o not meet for the entire seme	ster are only	certified for the perio	d in which they r	neet. The VA will exclu	
	er when calculating your benef	•	•	•		

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
Please df]bhih ]gʻzcfa žg][ b (e-signatures are not accepted)žUbXʻfYhi fbʻh YʻWca dʻYhYX Uddʻ]WUhjcbʻby mail or fax (615) 343-7709. A SSN should not be sent via email"	ÁWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW