



VANDERBILT UNIVERSITY

Office of the UNIVERSITY REGISTRAR

VA-1 Form for Chapter 33

Service member's name	Service member's address	Service member's SSN	Service member's VA file number
Service member's phone number	Service member's email address	Service member's current semester	Service member's current year
Service member's current school	Service member's current program	Service member's current major	Service member's current minor
Service member's current advisor	Service member's current advisor's name	Service member's current advisor's email	Service member's current advisor's phone

List term for which you are applying for Chapter 33 Benefits. List year next to semester below:

Term	Year	Term	Year
Spring 2020	2020	Spring 2021	2021
Summer 2020	2020	Summer 2021	2021
Fall 2020	2020	Fall 2021	2021

PLEASE READ: Classes that do not meet for the entire semester are only certified for the period in which they meet. The VA will exclude them during the rest of the semester when calculating your benefit. This can impact the BAH for Chapter 33.

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

Signature: _____
Date: _____