



OFFICE OF THE
University Registrar

VA-1 Form

Last Name First Name Middle Name VU ID Number

Student's SSN Date of Birth Vanderbilt email

Permanent Address VU Email Phone

School Major Degree

List term for which you are applying for VA Benefits:

Fall _____ Spring _____ Summer _____ Year _____

Chapter 30 (Montgomery GI Bill) _____

Chapter 31 (Vocational Rehab) _____

Chapter 32 (V.E.A.P.) _____

Are you? _____ service member _____ spouse _____ dependent

Is the service member on active duty? _____ yes _____ no

Number of hours enrolled? _____

Do you expect to graduate this semester? _____ yes _____ no

Are you repeating any classes? _____ yes _____ no Please list: _____

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

Chapter 35 (Dependent) _____

Chapter 1606 (Reserve & National Guard) _____

Chapter 1607 (REAP) _____

Has your major changed? _____ yes _____ no

Undergraduate _____ Graduate _____

Are you enrolled in Champ VA? _____ yes _____ no

Will you use the VU faculty/staff discount? _____ yes _____ no

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 return the completed application by mail or fax (615) 343-7709. An SSN should not be sent via email:

Vanderbilt University
Office of the University Registrar
PMB 407701
110 21st Avenue South, Suite 110
Nashville TN 37240-7701

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