



OFFICE OF THE  
**University Registrar**

**VA-1 Form**

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Last Name                                      First Name                                      Middle Name                                      Vanderbilt ID Number

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Student's SSN                                      Date of Birth                                      Vanderbilt Email Address

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Permanent Address                                      City                                      State                                      Zip Code                                      Phone

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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.

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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 21<sup>st</sup> Avenue South, Suite 110  
Nashville TN 37240-7701

Questions: 615-322-7701 or [university.registrar@vanderbilt.edu](mailto:university.registrar@vanderbilt.edu)