

VA Student Registration Form
___Fall 2026 ___Spring 2027 ___Summer I 2027 ___Summer II 2027

___ I understand, under VA regulation, I cannot repeat a course for which I have already received credit. I realize it is my responsibility to check the course for which I am enrolling each semester against my transcript to be certain I am not repeating a course. If I need to repeat a course and receive VA educational benefits for the course while enrolled, I understand the VA can charge me with an overpayment for repeating the course.

___ I understand, under VA regulations, I must only take classes within my degree plan. I realize it is my responsibility to check the course for which I am enrolling each semester against my transcript to be certain the course falls within my degree plan. If I take a course not within my degree plan, I understand the VA can charge me with an overpayment for taking the course.

___ I understand that it is my responsibility to keep the Financial Aid Office (Certifying Official) notified of any changes in my status. If I change my degree or drop/withdraw from class(es), I must receive the approval from the Financial Aid Office personnel.

Student's Name: _____ SSN: _____

Hours attending: _____ Degree Plan: _____

Address: _____

Phone Number: _____ Cell Number: _____

E-Mail: _____

Education Benefit Chapter: _____

By signing below I verify that I understand the policies concerning my VA educational benefits.

Student Signature

Date