

VA ENROLLMENT FORM

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

VA Chapter (Please Check One Below):

☐ Chapter 30

☐ Post 9/11

☐ Vocational Rehabilitation

☐ VRAP

☐ Chapter 35

☐ John Fry Scholarship

☐ 1606

☐ 1607

☐ Adding courses

Term: _____

☐ Dropping/Withdrawing Courses

Term: _____

**It is your responsibility to drop/withdraw from courses through your CCDConnect account by the established deadlines.*

Course Title: _____

Course Number: _____ Credit Hours: _____

Required for Graduation: ☐ Yes ☐ No

Course Title: _____

Course Number: _____ Credit Hours: _____

Required for Graduation: ☐ Yes ☐ No

Course Title: _____

Course Number: _____ Credit Hours: _____

Required for Graduation: ☐ Yes ☐ No

Course Title: _____

Course Number: _____ Credit Hours: _____

Required for Graduation: ☐ Yes ☐ No

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Are you graduating this semester? ☐Yes ☐No

Are you using Tuition Assistance and post 9/11? ☐Yes ☐No

Are you using Financial Aid and Post 9/11? ☐Yes ☐No

By submitting this form you are agreeing to the following statements:

1. I understand the classes I register for must be required for my major.
2. I am aware changes in my registration may alter the payment the VA will award me.
3. It is my responsibility to contact CCD's VA Office regarding any changes in my class schedule.
4. I understand I will be responsible for any overpayments I might receive from the VA.
5. Any prior college transcripts must be turned in to the CCD VA Office no later than the end of your first semester.
6. I understand the VA will not pay me or the school for online remedial courses.
7. I understand the VA will only pay in-state tuition and it is my responsibility to turn in the requested residency forms by the determined date.
8. I understand my BAH (Post 9/11) will be prorated if I take all online classes.

By signing this form, you are in agreement with the above statements. I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____

Date: _____