



Veterans Enrollment Reporting Form

Please complete this form at the beginning of each semester and return to your VA Advisor.

Name: _____ Student ID #: _____

Address: _____ City/State: _____ Zip: _____

Phone - Home: _____ Work: _____ Cell: _____

PLEASE NOTE THAT ALL OFFICIAL CORRESPONDENCE WILL BE SENT TO YOUR BLUEFIELD.EDU EMAIL ADDRESS – SO BE SURE THAT YOU CHECK IT ON A REGULAR BASIS.

GI Bill Chapter: _____ For Chapters 35 & 31, VA File #: _____

Traditional / OnLine (Circle One) Term : _____

I would like the following courses being taken at Bluefield college to be certified with the Veterans Affairs Office:

| Course Prefix (ENG) | Course # (1013) | Section # (01) | Credit Hour (3) |
|------------------------|--------------------|-------------------|--------------------|
|------------------------|--------------------|-------------------|--------------------|

Statement of Understanding

1. Each Term I must report my registration and any changes in my enrollment to my campus of record Veterans Advisor.
2. I must be officially in a program of study leading to a standard college degree or certificate and have all prior education and training evaluated by the end of my second term of enrollment. I do not expect to be paid by the VA for courses previously completed.
3. I will ensure that the courses I am taking are required or can be used as electives in my program of study, and I understand that I must make satisfactory progress toward graduation.
4. I understand that courses scheduled to meet for other than the normal 16-week term are paid at a different rate based on the number of credits and length of course.
5. I understand that grades of W and I may result in a reduced payment from the VA.
6. Courses for which an "I" (incomplete) is awarded must be completed by mid-term of the subsequent semester, including summer. Otherwise, my entitlement to benefits for that course may be reduced and may result in an overpayment.
7. I understand that enrollment in development/deficiency courses will not be certified unless a need is established by an assessment test.
8. I understand that the VA will hold me responsible for any overpayment of my educational benefits.

Date: _____ Signature: _____