



HUTCHINSON COMMUNITY COLLEGE

First Name **Last Name**

HutchCC ID **EMAIL**

Social Security Number (required) **Phone #**
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Questions? Contact Ky Washington, VA Certifying Official, 620.665.3400 or 1.888.GOHUTCH Email: washingtonk@hutchcc.edu

CHOOSE SEMESTER: Fall Spring Summer _____
Year

CHOOSE STATUS: I am a HutchCC student. My degree/cert is: _____

I am a guest student and my parent school is: _____

To be certified, GUEST STUDENTS must request a "PARENT SCHOOL LETTER" be sent to HutchCC VA Certifying Official from the above-listed school

I AM A: New Student Continuing Student

Transfer Student*

** If benefits have been used at another institution, student must complete a change of place of training form at www.vets.gov/education/apply-for-education-benefits/application/1995/introduction*

I REQUEST TO HAVE MY ENROLLMENT CERTIFIED TO THE VA FOR THE FOLLOWING BENEFIT:

VETERAN BENEFITS

- CHPT 33 Post 9/11 GI Bill
 Veteran Active Duty
- CHPT 30 Montgomery GI Bill
- CHPT 1606 MGIB-SR/1607 REAP
- CHPT 31 VA Vocational Rehabilitation

VA Case Manager _____

Phone # _____

SPOUSE/DEPENDENT BENEFITS

- CHPT 33 Post 9/11 GI Bill as a (choose one):
 Transfer of Entitlement Fry Scholarship Recipient
- CHPT 35 Dependent/Survivor Education Assistance
 VA File # _____

VA benefits are paid directly to the student, EXCEPT Chapter 33 which pays to HutchCC. It is the students responsibility to ensure all debts are paid to HutchCC prior to enrolling each semester. By signing, I acknowledge and agree to comply with all VA regulations.

Signature _____

Date _____

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Veterans Academic Plan

Program of Study _____ (MUST BE COMPLETED)

Is this a change of program? **NO / YES**

Is advance payment requested? **NO / YES** (Must be requested prior to the beginning of classes)

Chapter 33 Post 9/11 is not eligible for Advance Pay

| Course# | Course Title | Credit/Clock Hours | Repeat Course | Repeat Course for Program | Remedial Course |
|---------|--------------|--------------------|---------------|---------------------------|-----------------|
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |
| | | | Y / N | Y / N | Y / N |

I, the student, understand that I'm required to notify HutchCC's VA Certifying Official and the VA of any changes made to my schedule immediately.

 Student Signature

I, the Academic Advisor, certify the classes listed above are required for this student's degree or certificate.

 Advisor Signature

Return to: Ky Washington, VA Certifying Official, Financial Aid Office, 1300 N. Plum, Hutchinson, KS 67501
 Phone: 620.665-3400 or 1.888.GOHUTCH FAX: 620.728.8149 Email: washingtonk@hutchcc.edu