

Veterans Certification Request Form (VCRF)



Veterans Affairs and Adult Learners
 1480 Nashville Pike
 Gallatin, TN 37066
 (615) 230-3444
veterans.affairs@volstate.edu
<http://www.volstate.edu/veterans/>

This form must be completed each semester AFTER you have registered for classes.

- Sign and submit VCRF to Vol State Veterans Affairs office
- Be sure to have your Academic Advisor only initial next to classes required for your education plan
- Ensure copies of Certificate of Eligibility & DD 214 (as required) have been submitted

Name: _____ Last 4 SSN: _____ V# _____
Last First MI

Address: _____
Street City State Zip

E-mail Address: _____@Volstate.edu; Phone #: (____) ____ - _____

Academic Program _____ (example: Mechanical Engineering)
[Type of Degree or certificate]

A.S. A.A. A.A.S. T.C. A.S.T. A.F.A.

Degree change this term? Yes; No; if yes, update with Admissions Office

Veteran or Military Education Benefit(s) you are using

- | | |
|--|--|
| <input type="checkbox"/> MGIB-Active Duty: Chapter 30 | <input type="checkbox"/> MGIB-Selected Reserve: Chapter 1606 |
| <input type="checkbox"/> Vocational Rehabilitation: Chapter 31: | <input type="checkbox"/> REAP: Chapter 1607 |
| <input type="checkbox"/> Post 9/11: Chapter 33 | <input type="checkbox"/> Tuition Assistance or MyCAA |
| <input type="checkbox"/> Survivors & Dependents Ed. Assist: Chapter 35 | <input type="checkbox"/> Other Veteran/Military Financial Benefits |
- Specify: _____

Do not submit until your advisor has verified your registered classes are required for your education plan/Degree Works

Course	Title	Credit	Start Date	End Date	Repeat	Advisor initials
Ex: ENGL 1010-004	Ex: English Comp	Ex: 3	Ex: 1/13/16	Ex: 5/4/16	Y or N	VSC

Date: _____

Advisor Signature (Verify and initial **only** classes meeting student's degree/certificate requirements Degree Works)

Vol State use only:
 SGASTDN _____ ; DP _____ ; VA _____ ; TA/31 _____ ; T/F _____ ; InSt _____ ; 214 _____ ; Folder _____ INB _____ ; VAO _____ ; VCW _____

Student Responsibility Statement & Deferment of Tuition & Fees for semester

Eligible Student Information and Request (please type or print)

Fall Spring Summer; Year _____ GI Bill _____ Current Date: _____

Student Name: Name: _____
Last First MI

Initial next to each item after reading. Initials indicates understanding of the statement.

_____ I understand I must have adequate remaining entitlement with an expiration date within the current term (or after) to a VA educational benefit program; that if I do not receive the education benefits, I am still required to pay all tuition and fees to Vol State for the term

_____ I understand all my classes **MUST** be part of my degree/certificate plan. Only classes needed for my degree/certificate plan will be certified to the VA for payment

_____ I must inform the Veterans Affairs Coordinator's office of any changes in my schedule (ADD/DROP)

_____ I understand I must attend all my classes. If I stop attending any of my classes, I must formally withdraw and notify the VA Coordinator's office and that I will be responsible for any debts incurred

_____ I understand a tuition and fees deferment does not pay my tuition & fees, but allows me an extension of time to the last day of the term, or when I receive educational benefit payments in full for the semester, to pay tuition and fees only (NOTE: Post 9/11 does not pay International or late fee)

_____ I understand the tuition and fees deferred are subject to the College's late registration and refund policies and I'm obligated to pay costs associated with these policies and charges from the Department of Veterans Affairs to include fees charged due to changes in enrollment

_____ I understand all academic records and enrollment registration may be held if all financial obligations to the College are not met. I further understand that once payments are made by the VA, my tuition and fees must be paid in full for the current term before I will be allowed to register for classes for subsequent terms

_____ If I am attending another university or college at the same time as Volunteer State, and using VA or DoD benefits, I will coordinate with each school's veterans affairs coordinator to ensure payment

_____ I understand my eligibility for tuition and fee deferments under T.C.A. 49-7-104 may terminate if I do not follow applicable rules and regulations or otherwise fail to act in good faith with timely and reasonable payment(s) of tuition and fees.

This signed letter must be received by day 14 of class to be eligible for a deferment.

For Tuition Assistance (TA) or Military Spouse Career Advancement Accounts (MyCAA) students:

_____ I consent for Volunteer State Community College to release my semester grades to the Department of Defense for the purpose of reporting for payment of tuition and fees.

Using MGIB & REAP verify attendance monthly through W.A.V.E. at www.gibill.va.gov/wave/index.do

By signing/typing your name, I acknowledge I have read & understand the above statements

Signature: _____ V# _____

Check your current status:

Active duty Military Retired/separated National Guard Reserves Dependent