



Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if this is a new address and VA needs to be notified. (for *immediate* change call **1-800-827-1000**)

**PLEASE CHECK ONE:**

- This is the first time I have attended any University or College using my VA Benefits. (22-1990 & DD-214 or NOBE required)
- I am a new student transferring from another University or College and *I have used my benefits.*
- I have attended TC3 and used VA benefits.

**What degree will you be working towards this semester?** (VA WILL NOT PAY IF YOU ARE NOT IN A DEGREE PROGRAM)

AAS  AS  AA  Certificate      **Major** \_\_\_\_\_

**Visiting Student** (*Letter from home school of a required transfer credit approval*)

**PLEASE SELECT WHICH SEMESTER YOU ARE ENROLLING FOR:** (VA will not pay for Audits, CO-OP, or non-credit courses)

- |                          |                         |                   |                    |
|--------------------------|-------------------------|-------------------|--------------------|
| <input type="checkbox"/> | FALL                    | <b>Year</b> _____ | Credit Hours _____ |
| <input type="checkbox"/> | SPRING                  | <b>Year</b> _____ | Credit Hours _____ |
| <input type="checkbox"/> | FIRST SUMMER (5 weeks)  | <b>Year</b> _____ | Credit Hours _____ |
| <input type="checkbox"/> | SECOND SUMMER (5 weeks) | <b>Year</b> _____ | Credit Hours _____ |
| <input type="checkbox"/> | SUMMER (8 weeks)        | <b>Year</b> _____ | Credit Hours _____ |
| <input type="checkbox"/> | SUMMER (10 weeks)       | <b>Year</b> _____ | Credit Hours _____ |

***REMEMBER TO NOTIFY THE CERTIFYING OFFICAL OF ANY CHANGES ING***