

BUTLER COMMUNITY COLLEGE
VETERANS REGISTRATION FORM

RETURN THIS FORM TO:
Amy Cyphers - Certifying Official

acyphers@butlercc.edu

316-322-3102 or 733-3102

Fax: 316-218-6868

SECTION 1 : Please Print

STUDENT ID# _____ SEMESTER APPLYING FOR _____ YEAR _____

NAME _____ SSN _____ BRANCH OF SERVICE _____

ADDRESS _____
Street City/State Zip Code

TELEPHONE NUMBER (day-time): (____) _____ - _____ VA FILE # (chapter 35 only) _____

EMAIL ADDRESS _____

SECTION 2: Please check appropriate category

- _____ **CHAPTER 30** - Montgomery GI Bill – Active Duty Educational Assistance Program
- _____ **CHAPTER 31** - Vocational Rehabilitation
- _____ **CHAPTER 32** - VEAP – Veterans Educational Assistance Program
- _____ **CHAPTER 33** - Post-9/11 Veterans Educational Assistance Act of 2008 _____ dependent
- _____ **CHAPTER 35** - Survivors' and Dependents' Educational Assistance Program
- _____ **CHAPTER 1606** - Montgomery GI Bill Selected Reserve/National Guard
- _____ **CHAPTER 1607** - Reserve Educational Assistance Program (REAP)
- _____ **VRAP** – Veterans Retraining Assistance Program

If you are a first time student please answer the following:

Have you applied online with the VA for Education Benefits? YES or NO
If so what forms were submitted online? Application _____ What Chapter did you apply for? _____
Change of Program or Place of Training _____
Have you received a Certificate of Eligibility from VA? YES OR NO

SECTION 3: All Students

PLEASE CHECK ONE: _____ **New Applicant** _____ **Continuing Student** _____ **Transfer Student**

Other College Attended: _____ Hrs earned _____ VA Benefits Used? Yes No ***required**

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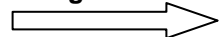
Other College Attended: _____ Hrs earned _____ VA Benefits Used? Yes No ***required**

ARE YOU CURRENTLY DEGREE SEEKING AT ANOTHER SCHOOL? YES ___ NO ___

NAME OF SCHOOL AND CONTACT INFORMATION _____

IS THIS THE FINAL SEMESTER OF YOUR DEGREE PROGRAM? YES ___ NO ___

List all courses enrolled in for the appropriate semester on the back of this form. Turn Page Over



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NAME _____ ID# _____ SEMESTER _____

WHAT DEGREE ARE YOU SEEKING? _____ MAJOR _____

CRN #	COURSE #/ TITLE	Hrs	Repeat Course
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Academic Advisors Signature ****REQUIRED****

Date

*****IF CHANGING DEGREE PROGRAM ONLY*****

**I would like to notify the VA of my change of degree program from _____
to _____ . Academic Advisor Approval for Degree Change _____**

(Signature)

Make sure to attach the following information:

* GPS printout

* Copies of Veterans Administration forms filled out online

****Paperwork turned in without signatures and GPS printouts may delay processing to the VA.

To be eligible for VA educational benefits you must be a student with a declared degree program. It is your responsibility to make certain that your classes meet VA certification requirements should you desire VA payment for these classes. It is required to follow the printed degree programs in the BCC Course Catalog. Our VA Certifying Official can assist you with questions or concerns you may have. *****NOTE COURSES THAT DO NOT MEET THE ENTIRE SEMESTER CAN AND WILL AFFECT PAYMENT RATE.** It is your responsibility to make certain your enrollment will not affect your payment rate.

The following will affect the monthly dollar amount of your G.I. Bill Educational benefit: dropping or adding classes, not attending a course(s), enrolling in an unauthorized repeat of a class, and enrolling in courses not in your degree program.

I understand...

- I must attend class and make satisfactory progress.

- It is my responsibility to notify the Certifying Official at BCC if I make changes in my registration in any way. This includes dropping or adding classes, terminating school, changing programs or majors, or any other changes that would affect my payment status.

- A copy of my DD214 (and NOBE for CH.1606/CH. 1607) must be on file in the Registrar's Office. (Excludes 35)

- I am requesting assistance from the Certifying Official in order to comply with all regulations.

My signature below indicates that I understand the above guidelines and know that I must complete a new Veterans Registration Form each semester in order to receive my G.I. Bill reimbursement.

SIGNATURE

PRINTED NAME

ID#

DATE