



**Elizabethtown Community and Technical College**  
**Veterans Affairs Office**  
**Enrollment Form**

**Directions: Complete this entire form, every semester, after you receive your class schedule printout, and return it to the Veterans Affairs Office at ECTC in Elizabethtown.**

It is your responsibility to inform this Veterans Affairs Office of any changes in your enrollment to include any drops, adds, or changes of major; changes in address, phone # etc. each semester. Benefits can only be paid for courses that are required for the current degree program the student is enrolled under. Veterans can repeat classes only if the previous grade was not passing. No payment can be received for audited courses or for any remedial courses taken online. A student cannot round out until the ECTC Registrar has conducted an official degree audit showing the student is in their graduating semester and a copy given directly to the ECTC VA Certifying Official. Student is required by law to submit all prior transcripts and documents that can be used to establish prior credit.

<p align="center"><b><u>STUDENT INFORMATION</u></b></p> <p>Last Name: _____</p> <p>First Name: _____ M.I.: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ New Address? Y / N</p> <p>Phone Number: _____</p> <p>KCTCS Student Email: _____</p> <p>Student ID: _____ Last Four of SSN: _____</p>	<p align="center"><b><u>VA CERTIFICATION INFORMATION</u></b></p> <p>Semester (circle one): SPRING SUMMER FALL          (Spring: Jan-May, Summer: June-July, Fall: Aug-Dec)</p> <p>Year: _____ Credit Hours: _____</p> <p>Degree (AA, AS, AAS, Diploma, Certificate): _____          (AA: Associate in Arts, AS: Associate in Science, AAS: Associate in Applied Science)</p> <p>Major: _____</p> <p><b>**Major is required for those enrolled in AAS, Diploma, and Certificate program like Human Services, Business</b></p>
<p align="center"><b><u>VISITING STUDENTS</u></b></p> <p>Are you a Visiting Student? Y / N</p> <p>If yes, please list the name and address of your home school.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>**Visiting students are required to turn in a Visiting Student Letter from the VA representative at their home school to our office.</b></p>	<p align="center"><b><u>VA BENEFITS INFORMATION</u></b></p> <p>Which Chapter of Benefits do you receive? <b><u>(Circle One)</u></b></p> <p>CH 30 (Montgomery GI Bill Active Duty)</p> <p>CH 33 (Post 9/11 GI Bill)</p> <p>CH 31 (Vocational Rehabilitation)</p> <p>CH 35 (Dependence Education Assistance Program)</p> <p>CH 1606 (Montgomery GI Bill-Selected Reserves)</p> <p>CH 1607 (Reserve Educational Assistance Program)</p> <p>TWO (Tuition Waiver Only)</p> <p><b>*CH 35 recipients:</b></p> <p>Do you receive a tuition waiver? Y / N</p>

**My Signature Below Indicates:**

1. The information given is correct and accurate and I give permission to the VA office to release educational information necessary for financial aid determination.
2. I understand I am responsible for paying fees and tuition costs within the deadlines established by ECTC.
3. I understand I will only be paid for courses/classes that are required for my degree.
4. Payment of benefits and certification by ECTC cannot be made until the Certifying Official receives all required documents.
5. I understand that if I have previously completed a class elsewhere that is the equivalent to a course I'm currently taking, I will not receive VA benefits for the current class.
6. If you are a CH 33 student you must be enrolled in at least one class on campus and more than half time to receive your full BAH monthly allowance. Students enrolled in solely distance learning classes are only authorized ½ national average for BAH.
7. Remedial and deficiency courses taken online cannot be approved and cannot be certified by VA.
8. If you are a chapter 33 student and receive other financial assistance (excluding loans/title IV funds), you must inform the Veterans Affairs Office.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form must be signed and dated by the person requesting certification.**