

# Cisco College VA Information Sheet

NAME \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone # \_\_\_\_\_ VA File # (ch35 dependents only) \_\_\_\_\_

Date of Discharge from service \_\_\_/\_\_\_/\_\_\_ Branch of Service \_\_\_\_\_

Benefit  Montgomery (ch 30)  Guard/Reserve (ch 1606)  Post 9/11 (ch 33)  Post 9/11 (ch33 dep)  Dependent (ch 35)  
 Active Duty (current)  VEAP (ch 32)  REAP (ch 1607)  Chapter 31  VRAP

**Mailing Address** \_\_\_\_\_  
In order to avoid mailing and/or payment problems, it will be your responsibility to keep the VA and Cisco Veterans Coordinator informed of changes in your address and phone number.

**Email Address** \_\_\_\_\_

**Desired Degree**  
\_\_\_\_ Associate in Arts  
\_\_\_\_ Associate in Applied Science \_\_\_\_\_ Field  
\_\_\_\_ Certificate Program \_\_\_\_\_ Field

**You will only be certified to the VA for courses listed on your degree plan. A degree plan must be in your file before your hours will be certified to the VA (Contact a Cisco counselor to obtain your degree plan)**

I request a change in place of training from (list prior school) \_\_\_\_\_  
Please list last date attended prior school under GI BILL \_\_\_/\_\_\_/\_\_\_

**You must list all colleges attended and provide the veterans coordinator with the transcripts, regardless of credit earned. This information is required by the Dept. of Veterans Affairs and must be reported.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**All transcripts must be evaluated by a counselor and a degree plan provided to the Veterans Coordinator. VA requires all previous credit be sent to them for all previous college work.**

I am requesting a change of program. New Program \_\_\_\_\_

## **STATEMENT OF UNDERSTANDING – PLEASE READ AND SIGN BELOW:**

1. EACH TERM I must report my registration and any changes in my enrollment to Cisco Veterans Coordinator.
2. I must be enrolled in an approved program of study that leads to a standard college degree and have all prior training evaluated by a counselor by the end of my second quarter of enrollment. I do not expect to be paid by the VA for classes previously passed.
3. I will insure the classes I am taking are required in my program. I understand that I must make satisfactory progress toward graduation.
4. I understand that grades of W, I, or F may result in a reduced payment from the VA.
5. Courses for which an "I" (incomplete) is awarded must be completed by the end of the subsequent quarter (excluding summer). Otherwise, my entitlement for benefits for that course may be reduced and may result in an overpayment.
6. I understand that classes scheduled to meet for less than the normal quarter term dates may be paid at a different rate based on the number of credits and the length of the class.
7. I understand that payment for developmental (remedial/deficiency) classes will not be allowed unless need for such class(es) is established by a placement test and/or documented by a counselor.
8. I understand that the VA will hold me responsible for any overpayment of my educational benefits.

**I DELCARE THE INFORMATION IN THIS APPLICATION TO BE ACCURATE AND WISH TO APPLY FOR VA BENEFITS AT CISCO COLLEGE**

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