

**Edgecombe Community College**  
**VETERANS REGISTRATION FORM**

**Students using VA Benefits must complete this form each time they register. Submit this form to the School Certifying Official (SCO) to inform SCO you wish to be certified with VA for the term.**

Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Student ID#: \_\_\_\_\_ VA File# \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Degree/Major Seeking: \_\_\_\_\_

**Check the Benefit you are eligible to receive:**

CH 30 (former Active Duty)       CH 30 (Active duty)       CH 31 (Voc Rehab)

CH 33 Post 9/11 (Veteran)       CH 33 Post 9/11 (Dependent)

CH 35 (Dependent – Spouse/Child)

CH 1606 (Reserves/National Guard)       1607 (Reserves/National Guard)

**Check is any of the following apply:**

You are currently on Active Duty       You are repeating courses

Change of Address since last VA payment       Enrolled in Online Classes

Change of Major since last enrollment       Enrolled in 8-week classes

First Enrollment of VA Benefits (Request Certificate of Eligibility @ [www.vets.gov](http://www.vets.gov))

Change of School from last VA Enrollment (Complete 22-1995 @ [www.va.gov/vaforms](http://www.va.gov/vaforms))

**The information I provided is true. I understand that:**

1. It is my responsibility to notify the SCO of any changes in my degree program, drops, and withdrawals.
2. It is my responsibility to follow the program curriculum outlined in the College Catalog.
3. If I fail a course due to absences/non-attendance in class, I may be required to repay VA Benefits.
4. The SCO will certify my enrollment only after I have completed/renewed this and other relevant forms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCO Initials