

KELLOGG COMMUNITY COLLEGE

VETERAN ENROLLMENT FORM

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

Apt #

\_\_\_\_\_

City, State, Zip

Email address: \_\_\_\_\_@\_\_\_\_\_

Degree Program: \_\_\_\_\_ Program Code (3-digit): \_\_\_\_\_

I understand that all the classes I am enrolled in for the upcoming semester must qualify towards the degree program I am completing as stated above. **Any additional class(s) may not be paid for by Veterans' educational benefits.**

If you are transferring from another college, you must have your **official transcripts** sent to **Kellogg Community College** as soon as possible for evaluation. If you fail to do so, you are subject to having your **benefit terminated according to Section 1775 of title 38 U.S. Code.**

**The VA will only pay for classes that are required of a declared degree.**

If I receive a failing grade (0.0), withdraw officially or am unofficially withdrawn by the instructor, receive "I" grades from any class(s), I will report the last date of attendance in writing to the Certifying Official. **If this is not done, overpayment conditions can be created at the veteran's expense.**

My signature indicates that I understand the content of this statement of responsibilities.

\_\_\_\_\_

Print Name

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