

HERKIMER COUNTY COMMUNITY COLLEGE
HERKIMER, NY 13350

VETERAN DATA SHEET

*Please note that you must complete a new data sheet for EACH SEMESTER that you wish to use VA benefits.
If this is your first semester using benefits, you must also submit a VA Certificate of Eligibility (COE).*

SEMESTER: _____ YEAR: _____

STUDENT NAME: _____ ID# _____

STUDENT SS#: _____ DATE OF BIRTH: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

PROGRAM / MAJOR: _____

IS THIS THE SAME AS LAST SEMESTER? YES _____ NO _____ N/A(New Student) _____

TOTAL NUMBER OF CREDITS REGISTERED FOR THIS SEMESTER: _____

ARE ALL COURSES REQUIRED IN YOUR PROGRAM? _____ YES _____ NO

ARE ANY COURSES BEING REPEATED? _____ YES _____ NO

ARE ANY COURSES SHORTER THAN FULL TERM? _____ YES _____ NO

ARE ANY COURSES REMEDIAL/DEVELOPMENTAL? _____ YES _____ NO

I EXPECT TO RECEIVE VETERANS BENEFITS AS: (CHECK ONE)

REGULAR VETERAN CHAPTER 30 _____

DISABLED VETERAN CHAPTER 31 _____

THE POST 9/11 GI BILL CHAPTER 33 _____ (% of Benefits Payable)

DEPENDENT (CHILD/SPOUSE) CHAPTER 35 _____

• Veteran Name: _____ Veteran SS#: _____

RESERVIST CHAPTER 1606 _____

VETERANS RETRAINING ASSISTANCE PROGRAM (VRAP) _____

I understand that it is my responsibility to notify the VA School Certifying Official (Registrar's Office) if there are any changes to the above information.

STUDENT SIGNATURE

DATE