

## VA Benefits Form

Please submit this form prior to each term, when you are confident of your expected enrollment.

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Goucher ID Number

Indicate the term for which you are submitting this form (Fall 2017, Spring 2018, etc.): \_\_\_\_\_

Please certify my enrollment       I do not wish my enrollment to be certified for this term

Will you be graduating this term?    Yes    No

Have you changed your major or degree/certificate program since your last certification?    Yes    No

List each course below, the number of credits for each individual course, check the appropriate boxes, and provide the total credits for the term. Please report any changes to your enrollment after submitting this form.

Course (ANT107, ED645, etc.)	# of Credits	Required Course*	Repeated Course	Online Course
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Credits for Semester:</b>		* Certification can only be submitted for a course if required for your program, or if it is counting toward your overall credit requirement for your degree.		

**Please note the following:**

- Your schedule will be reviewed after drop/add, and any revisions will be reported to the VA as needed.
- The VA determines benefits. We will estimate benefits and inform you and the Billing Office.
- Depending on your chapter and total enrollment, a non-required course may or may not impact the benefit.
- Your estimated VA benefits will NOT appear on your billing statement until received by Goucher. It is the student's responsibility to correctly manage payment arrangements with billing to avoid late fees.

By signing this form, I certify all information reported on this form & within the enclosed documentation is complete & correct.

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

\_\_\_\_\_  
Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, then mail, fax, or scan and e-mail.)