

VETERANS BENEFITS: SEMESTER ENROLLMENT FORM ('BLUE FORM')

Huntsville Bible College
906 Oakwood Avenue
Huntsville, AL 35811
Phone: 256-469-7333
Fax: 256-469-7549

Under Which Chapter are you Receiving Benefits? _____

Chapter 30 – MGIB – Active Duty-GI Bill ®

Chapter 35 – Survivor / Dependent

Chapter 31 – Vocational Rehabilitation

Chapter 33 - Post 911/GI Bill ®

Chapter 1606 – National Guard / Reserves-GI Bill ®

Chapter 1607 – REAP

Student SSN# _____

Date of Birth: _____

NAME: _____

Last

First

Middle

ADDRESS: _____

Street & Apt.

City

State

Zip Code

Phone Number(s): () _____ - _____
() _____ - _____

Email Address: _____

MAJOR: _____

TERM (Please complete separate forms for Fall, Spring, and Summer):____ Fall 20 ____
____ Spring 20 ________ Summer 1st five-week mini-session 20 ____
____ Summer 2nd five-week mini-session 20 ____
____ Summer eight-week session 20 ____**COURSE NUMBERS AND NAMES:****CREDIT HOURS:**

*Do not include courses that do not count toward your degree requirements and courses taken in 'audit' status.

STATEMENT OF UNDERSTANDING: I hereby certify my understanding of the following:

1. I must complete this form each term for which I wish to draw VA benefits.
2. I am responsible for full payment of all fees that VA benefits does not cover by the posted deadline.
3. I must notify the HBC Veterans Affairs Office of any course adds / drops that occur during the term.
4. I can be certified for a maximum of two terms as non-degree / undecided major.
5. I am aware that VA benefits can impact my eligibility for other types of aid, including student loans.
6. The law requires that veterans' educational benefits be discontinued if I fail to make satisfactory progress toward completion of his / her training objective as established by the school and stated in the school catalog. If I fail to meet the GPA requirement, and / or excessive withdrawals, may jeopardize my eligibility.
7. I am legally liable for repayment of debt incurred by reduction of hours through withdrawal (including retroactive withdrawal), academic bankruptcy, and course grades of 'Incomplete' (I), as well as over-payments resulting from negligence or for courses determined at any time to be outside of my degree requirements.
8. If I am receiving Chapter 1606, 1607 or chapter 30, I am required to verify my enrollment at the end of each month.
9. I am aware that if I am receiving Chapter 35 benefits, I am responsible for payment of all expenses owed to the College.
10. I am responsible for providing all transcripts from previous colleges/universities to the VA Certifying Official
11. I understand if transfer transcripts are not provided to the School Certifying official, I may not be able to receive VA benefits.

SIGNATURE _____

DATE _____