



# Veteran's Benefit Recipient Academic Plan

If you plan on attending school and want to use your VA benefits, YOU MUST fill out and return this form to the VA Benefit's Coordinator as soon as possible. You will need to be pre-enrolled before submitting this form. (Enrollment certification will not be done unless you and your advisor complete this form) If you don't know who your advisor is, please contact the Registrar's office, [registrar@colbycc.edu](mailto:registrar@colbycc.edu) or (785) 460-5509.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Projected Program Completion Date: \_\_\_\_\_  
(If you are not certificate or degree seeking then you are not eligible for benefits)

Is this a change of Program: (Check one) NO  YES   
(If yes, you MUST also complete VA Form 22-1995 and attach to this form) <https://www.ebenefits.va.gov/ebenefits/vonapp>

Term: (Check one) FALL  SPRING  SUMMER  YEAR: \_\_\_\_\_

Course #	Course Title	Credit Hrs	Repeat Course	Course Required for Program	Remedial Course
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

I, the student, understand that if any changes are made to the academic schedule listed above I am required to notify Colby Community College School Certifying Official immediately.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

I, the advisor, have reviewed the student's academic plan and transcripts and have determined that the above listed classes are necessary for the program of study and/or to graduate from Colby Community College.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the School Certifying Official in the CCC Admissions Office or email to [veteransaffairs@colbycc.edu](mailto:veteransaffairs@colbycc.edu)