



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 then please contact the Registrar's office, registrar@colbycc.edu

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"/>

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 _____

Return to: Vicki Chance, School Certifying Official, veteransaffairs@colbycc.edu