 **VA Educational Benefits- Plan of Attendance**

**Last Name: Click here to enter text. First Name: Click here to enter text. Middle Initial:Click here to enter text.**

**MCCN Student ID: Click here to enter text. Date of Birth (xx/xx/xx): Click here to enter text.**

**VA File Number (Chapter 35 only): Click here to enter text. Active duty (Yes, No): Click here to enter text.**

**INSTRUCTIONS:**

**Complete only one Plan of Attendance for each academic year. Complete this form prior to attendance each academic year. All necessary VA forms must be on file with Financial Aid before benefits can be certified.**

**Academic Year: Click here to enter text. Program of Study (Undergraduate, Graduate): Click here to enter text.**

**Credit Hours per Term: FA14 Click here to enter text. SP15 Click here to enter text.SU15 Click here to enter text.**

**Note: Certification is based on actual credit hours enrolled and actual training time. The amount of educational benefit is determined by the number of credit hours and the length of training time in which you are enrolled. If your enrollment hours or training times change, your benefit eligibility may be affected.**

**I understand that I must report any change(s) in my course of study to MCCN’s Financial Aid Office. Initials:**

**Please indicate Chapter of MGIB: Chapter 30 – Active Duty Chapter**

**Click here to enter text.1606 – Selected Reserves Chapter**

**Click here to enter text.1607 – REAP**

**Click here to enter text. Chapter 35 – Dependent Educational Assistance**

**Click here to enter text. Chapter 33 Percentage: Click here to enter text.**

**Click here to enter text. Chapter 31- Vocational REHAB Counselor: Click here to enter text.**

**Click here to enter text. Chapter 33 – Yellow Ribbon \*Active duty soldiers and their spouses are not eligible for the yellow ribbon program**

**If using Chapter 33 or Chapter 33 and Yellow Ribbon benefits please check the following boxes if they apply:**

**I am eligible for this benefit based on my military service.**

**Click here to enter text. I am eligible for this benefit based on my parent’s military service.**

**Click here to enter text. I am eligible for this benefit based on my spouse’s military service.**

**Will you be utilizing Tuition Assistance/Top-Up in addition to your GI Bill benefits? (Indicate with an “x”)**

**Yes: Click here to enter text.**

**\*Provide the Request for Tuition Assistance or Top-up Authorization, available at your Military Education Center.**

**No: Click here to enter text.**

**IMPORTANT NOTES:**

**The VA will only pay for those courses required for your degree objective, and will therefore be notified of any variation in your course load or selection if it is not consistent with that objective. It is your responsibility to see an Academic Advisor concerning any questions you may have about your program or specific courses you plan to take. Do not enroll in an audit, refresher, or repeat course, or declare a double major without consulting the Department of Veteran Affairs. If “Z”, “NZ”, or “W” grades are received, hours will be reduced as of the last date of attendance for the course.**

**Student Signature: Click here to enter text. Last 4 digits of your SSN: Click here to enter text.**

**Date: Click here to enter text.**

**Return this form with the required documentation to: Fax: 614.234.5427 Email:** **mcannon1@mccn.edu****, or**

**Financial Services, Mount Carmel College of Nursing, 127 S. Davis Ave., Columbus, OH 43222**