

QUINSIGAMOND COMMUNITY COLLEGE  
VETERAN AFFAIRS OFFICE-220A  
VA PRE-REGISTRATION

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

MAILING ADDRESS \_\_\_\_\_  
(STREET) (TOWN) (ZIP CODE)

SS# OR VA FILE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DEGREE PROGRAM \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

E-mail address \_\_\_\_\_ Branch of Service \_\_\_\_\_

PLEASE CHECK TYPE BENEFIT(S) YOU ARE APPLYING FOR:

- 1) \*Chap 30: Montgomery G.I. Bill (active duty began after 7/1/85)  
or Ch.34/30 (active duty began before 1/1/77) \_\_\_\_\_
- 2) Chap 31: Vocational Rehabilitation \_\_\_\_\_
- 3) Chap 33: Post 9/11 GI Bill (Please give your  
Certificate of Eligibility Percentage): \_\_\_\_\_
- 4) \*Chap 35: Dependent of 100% disabled or deceased veteran \_\_\_\_\_
- 5) \*Chap 1606: Educational Entitlement for Selected Reserve \_\_\_\_\_
- 6) Veteran State Tuition Waiver (eligibility based on MGL  
Ch.4, s.7) \_\_\_\_\_
- 7) Other-Please Specify \_\_\_\_\_

PLEASE CHECK OFF WHAT SEMESTER YOU CURRENTLY WANT TO USE YOUR BENEFITS FOR:

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_ - \_\_\_\_\_

Summer I \_\_\_\_\_ Summer II \_\_\_\_\_ Intersession \_\_\_\_\_ Year \_\_\_\_\_ - \_\_\_\_\_

Are you taking on-line classes? \_\_\_\_\_  
Are you an Honorably Discharged Veteran? \_\_\_\_\_

**You must let us know EVERY SEMESTER if you plan to use your benefits as only one semester at a time will be submitted to the DVA. Also, please tell us if you are using the College Health Insurance. \*\*NOTE: On-line Remedial/Developmental classes CANNOT be certified and only classes required for your program of study will be certified. Inform us if you change your major.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Indicates student verification of enrollment\*