



5100 Black Horse Pike  
Mays Landing, NJ 08330  
(609) 343-5129

**Veteran Student Academic Advisement Transmittal Form**

Please use the appropriate form for each semester.

## SPRING 2012

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete the information listed below and have an advisor in the Career & Academic Planning Center certify your registration.**

What is your current degree program?

\_\_\_\_\_  
Degree Program

Have you changed your degree program since the last time you used your benefits?

\_\_\_\_\_ YES\*      \_\_\_\_\_ NO

**\*PLEASE NOTE: If you have changed your degree program you must complete a "Request for Change of Program or Place of Training" (FORM 22-1995).**

What VA chapter are you currently receiving benefits under? (Check one)

- Ch. 30       Ch. 31       Ch. 33 (Post 9/11)       Ch. 35 VA file# \_\_\_\_\_  
 Ch. 1606       Ch. 1607

**CHAPTERS 30, 1606 AND 1607 STUDENTS: Please make sure you remember to call the VA @ 1-877-823-2378 or visit the VA web site ([www.va.gov](http://www.va.gov)) and use the WAVE (automated verification of enrollment) to verify your attendance at the end of each month. Failure to do so may cause a disruption of your benefits. \*\*CHAPTER 35 STUDENTS call 1-877-823-2378 to confirm attendance ONLY IF PURSUING A CERTIFICATE. \*\*\*CHAPTER 33 STUDENTS NEED NOT VERIFY\*\***

-OVER-

## ACADEMIC ADVISOR

This student has been referred to you for academic advisement. The student receives educational benefits from the Veterans Administration. The VA does not permit the student to receive benefits for courses that are **NOT** applicable to his/her degree program, and the student may not carry a dual major unless he/she has approval.

Course Number	Section	Beginning Date	Ending Date	Credits

ADVISOR'S CERTIFICATION: I certify that the courses listed are applicable to the student's degree program. I have verified the transfer credit information and the Basic Skills recommendations and I certify that the course selections are by the established college parameters.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department

**STUDENT CERTIFICATION:** I have met with my advisor and I have registered for the courses shown above. I am responsible for the course selection and the credits attempted. I am aware that if any of these courses are not applicable or I do not have the required prerequisites, my benefits may be interrupted.

**\*\*\*I understand that if I change my registration at any time, i.e. DROP/ADD, WITHDRAW or STOP ATTENDING, I must notify the Office of Veteran Services at ACCC in writing or in person within one week of the change.\*\*\***

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*