VA CHAPTER 33 – VERIFICATION OF ATTENDANCE for PAYMENT PURPOSES

<u>Y00</u>				
Student ID Student Na		ent Name (please	e print)	Term/Year
<u>CRN</u>	<u>SUBJECT</u>	<u>COURSE</u>	INSTRUCTOR'S SIGNATURE	<u>DATE</u>
Instructors:				
Please sign and serves as verification will submit this Payment of the	ication that the abo s form to the Office e Chapter 33-Post 9	ve-named stude of Student Acco 11 VA Benefit ca	orrespond to your class (CRN and ent did in fact begin attendance bunts once all of his/her instruct annot be awarded to this studer burses has been verified.	in your class. This student ors have verified attendance.
Chapter 33-Po	st 911 Recipient:			
are acknowled benefits. If you class(es). Pleas Department of	ging that you under u should stop atten se be aware that fa	rstand that atter ding one or all o llure to complet ebt Manageme	n to the Office of Student Account ndance is required to retain you of your classes, you must official e courses will affect your educa nt Center, can request repayme I on your behalf.	r Chapter 33 education ly withdraw from the tion benefits. The
Student's Sign	ature		 Date	