

# VA Proof of Attendance

**Veterans Affairs Office**  
 1933 Fort Vancouver Way  
 Vancouver, WA 98663-3598  
 (360) 992-2112 FAX (360) 992-2864  
 mgibson@clark.edu

**Submit completed form to  
 Veterans Affairs Office located in  
 the Office of Financial Aid.**

**Print clearly using black or blue ink**

Student ID Number	940 - -	Social Security Number	- -
Last Name	First Name	Middle Initial	

**Quarter of registration:**     Summer         Fall         Winter         Spring        Year: \_\_\_\_\_

I understand that it is my responsibility to pay any balance of my tuition and fees not covered by VA Benefits this quarter.

I understand that any change in the percentage of Chapter 33 Benefits must be reported to the Clark College Veterans Affairs Office immediately.

I understand that if I officially or unofficially withdraw from classes, **I may owe money back to the VA.**

**I understand that my VA Benefits will only be certified for the number of credits that I have indicated on this form.**

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

**NOTE:** Signatures are required from faculty for all your classes this quarter.

**FOR FACULTY USE ONLY**  
**SIGN ONLY IF STUDENT ATTENDED YOUR CLASS**  
 Please use blue or black ink only

Course Name and Number	Credit Hour(s)	Faculty Signature	Today's Date
Example: English 101	5	<i>John Smith</i>	01/03/11