



VETERAN SERVICES

REQUEST FOR ENROLLMENT CERTIFICATION

Name _____
(Last) (First) (Middle)

Colleague ID _____ Semester and Year _____

Residency Classification Status In-State _____ Out-of-State _____

Veteran Benefit Information Which benefit are you requesting certification for? *(Check one):*

- Chapter 33 - Post 9/11 GI Bill % Eligibility Tier _____ Are you currently on Active Duty? Yes No
 - Chapter 30 - Montgomery GI Bill Are you currently on Active Duty? Yes No
 - Chapter 1606 - Montgomery GI Bill Selected Reserve
 - Chapter 35 - Survivors' & Dependents' Educational Assistance
 For Chapter 35, please provide the VA file# (the veteran's SS#) _____
 - Chapter 31 - Vocational Rehabilitation & Employment Program
- Are you a Yellow Ribbon Recipient? Yes No
- Are you a: Veteran Active Duty Reservist/National Guard Member Dependent/Spouse of Veteran
- Have you ever submitted a copy of your Certificate of Eligibility to your certifying official? Yes No
(required only the first time you request certification)

Academic Information Current Degree Program *(i.e., A.S. in Business)* _____

List course elections for semester:

Course Name	Course #	Credit Hours	Advisors Signature: Advisors, please sign to validate that each course satisfies the degree plan in which the student is currently enrolled.

Total number of credit hours elected for this term _____

Student Responsibility I understand that it is my responsibility to notify my CCV Certifying Official of any changes in my class schedule or address. Any schedule adjustment I make may result in a change to the benefit amount I receive from the VA. I am responsible for any overpayment created by these adjustments and all CCV bills if expected VA funding is withheld. Furthermore, I understand this includes classes that I withdraw from. I understand the difference in punitive and non-punitive grades and am aware of my responsibility for any overpayment that may result.

Finally, I also understand my responsibility to know my delimiting date and anticipated exhaustion of benefits. I am aware of the difference between my delimiting date and the anticipated exhaustion of benefits.

Delimiting Date: _____ Months of Benefits Remaining: _____ Visit ebenefits.va.gov or call **1-888-GI-Bill-1** for your details.

Department of Veterans Affairs: The Department of Veterans Affairs (VA) supervises the programs of all students receiving VA benefits. You have agreed to this supervision by signing the application for benefits. Additionally, your signature allows CCV to release academic records to the VA.

Student Signature _____ Date _____