



# VETERAN SERVICES

## REQUEST FOR ENROLLMENT CERTIFICATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

College student 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  
 Are you a Yellow Ribbon Recipient?  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:  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) \_\_\_\_\_

Course Name	Course#	Start Date*	End Date*	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 \_\_\_\_\_  
\*VA Housing Allowance payments are calculated based on credits enrolled on each date of the month. Courses starting or ending more than 7 days outside of the published start or end of the term will impact \$ received.

**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](http://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 \_\_\_\_\_