



VA Certification Request Form

Student's Information

Last Name: _____ First Name: _____ Middle Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ Personal Email: _____

Degree: _____ Major: _____ Semester: _____ # of Hours Enrolled: _____

Veteran's Information

Last Name: _____ First Name: _____ Middle Name: _____

Branch of Service: _____ DOB: _____ SSN or VA File #: _____

Still Serving (Circle One): Yes No VA Chapter (Circle One): 30 31 33 35 1606 1607

Important Information

- Students can only receive benefits for classes related to their degree/major.
- Students must contact certifying official every semester to request VA enrollment certification
- Students must notify the certifying official immediately of any changes to their enrollment, withdrawal or change of major.
- Students will not receive benefits for classes that have already been successfully completed. This includes courses taken before receiving VA benefits.
- Students will not receive VA benefits for repeating a course in which the letter grade of a "D" has been earned and is considered a passing grade.

Acknowledgement

I have read and understand the information above and agree to submit all necessary documentation to complete enrollment and certification for VA benefits. I acknowledge my responsibility to provide information in a timely manner. Failure to do so may result in a delay or loss of VA benefits, misdirected checks, and possible repayment to the VA.

Printed Name of Student: _____ Student ID: _____

Signature: _____ Date: _____

For Office Use Only – Processing Dates

Rcvd: _____ Confirmed: _____

Entered in VA: _____ Enrollment to VA: _____

Staff Name: _____

Staff Signature: _____

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