



VA BENEFIT CERTIFICATION REQUEST FORM

COURSE/PROGRAM INFORMATION

I plan to register for credit/non-credit classes for the following term FALL 20 _____ SPR 20 _____ SUM 20 _____

I plan to receive Financial Aid (Grants, Loans, Scholarships) YES _____ NO _____ What type? _____

My current Academic Program: _____

I have attached a PAID Registration Summary receipt. (Excludes Chapters 31 & 33: Post 9/11) *Please Initial here* _____

Effective Summer 2010: Department of VA policies declare that online remedial courses are non-certifiable.

STUDENT INFORMATION (Please Print)

Name: _____ (Last, First, MI)

Social Security # _____ Date of Birth: _____ (mm/dd/yy)

Email Address: _____ Telephone: _____

VA Benefit: CH 30 _____ CH 31 _____ CH 33 _____ CH 35 _____ CH 1606 _____ CH 1607 _____

HAZLEWOOD _____ HAZLEWOOD LEGACY _____

Last Term VA Ed Benefit Used: FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

Parent Institution: _____

ONLY the courses that apply to my current degree plan, filed with the Department of Veteran Affairs, will be certified. If I take a course (s) that is hosted by a DCCCD college that is not my parent institution it is my responsibility to follow up with that institution concerning my certification status. I understand that VA Office processing time is a minimum of 2 to 4 weeks. I have attached a COPY of my PAID fee receipt, if applicable.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

20 _____ VA BENEFIT CERTIFICATION ELIGIBILITY

FALL TERM HRS: _____ SPRING TERM HRS: _____ SUMMER TERM HRS: _____ Current GPA _____

CERTIFICATION COMMENTS: _____

VA Certifying Official Approved Signature: _____ Date _____