

Certification Request for VA Educational Benefits

General

Name (First, Middle, Last)	VA file # (orSSN)	Empl ID
Street Address	Primary Phone	Secondary Phone
City/State/Zip	E-mail address	

Benefits

Have you used your VA educational benefits before ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
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If "NO" If first time use of VA educational benefits, provide Certificate of Eligibility or complete form 1990 or 5490. If you have received VA educational benefits **while attending another school**, complete form 1995 or 5495.

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|--------------------------------------------------|--------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Chapter 30 (MGIB) | <input type="checkbox"/> Chapter 31 (Vocational Rehab) | <input type="checkbox"/> Chapter 32 (VEAP) | <input type="checkbox"/> Chapter 33 (Post 9/11) |
| <input type="checkbox"/> Chapter 35 (Dependents) | <input type="checkbox"/> Chapter 1606 (Reservist) | <input type="checkbox"/> Chapter 1607 (REAP) | |

Program of Study

<input type="checkbox"/> Associate in Arts (AA)	<input type="checkbox"/> Associate in Science (AS)	<input type="checkbox"/> Associate in Applied Science (AAS)
<input type="checkbox"/> Certificate	<input type="checkbox"/> Career Studies Certificate	<input type="checkbox"/> Non-matriculated/Attending another college**

Curriculum:	Is this a change of Program of Study since you last received VA benefits?* <input type="checkbox"/> Yes <input type="checkbox"/> No	**If attending another college, that school's certifying official must provide a parent school letter listing approved courses each semester.
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*If "YES" Complete form 1995 or 5495 and provide a copy of your transcript to the Records Office. Students are **ineligible** for VA benefits if credits from prior training are not reported within **2** semesters.

Current Semester (List of Classes)

<input type="checkbox"/> Fall		<input type="checkbox"/> Spring		<input type="checkbox"/> Summer		Year _____	
Dept	Number	Section	Course Name	# of Credits	Office Use		
ENG	111	11	College Composition (Example)	3			

Tuition Payment

Cash, Check, Credit
 Anticipated Financial Aid
 Vocational Rehab
 Tuition Assistance
 War Orphan Benefits

Statement of Understanding

I must complete this form each semester that I intend to receive VA educational benefits. Failure to do so **will** delay payment. The information on this form is true and correct to the best of my knowledge. _____

I must **immediately** report **all changes (drops and/or adds)** in enrollment to the DCC Veterans Affairs Office. Failure to do so may result in an outstanding debt to the VA. _____

I understand that I must verify my enrollment with the VA each month in order to receive my benefits under Chapters 30 and 1606. I understand that this can be accomplished online at www.gibill.va.gov/wave or over the phone at 1-877-823-2378. _____

I understand that the VA pays the tuition for **Chapter 31, Chapter 33, and Post 9/11** eligible students only. I further understand that if I am not a **Chapter 31 or 33** recipient, I am responsible for paying my own tuition prior to the deadline to pay tuition or I may be dropped from my classes. **Tuition must be paid before my request for VA benefits will be certified.** _____

I understand that VA educational benefits may be discontinued if I fail to maintain satisfactory academic progress towards completion of program of study. _____

If you are using Chapter 33 benefits, any scholarships or tuition assistance that specifically apply to tuition and fees only will be deducted from the net total amount of tuition and fees reported to the VA. _____

I cannot receive benefits for a class taken now for which the requirement was previously met at DCC or another institution. If I receive benefits for a class previously completed with a passing grade, I may have to pay back to the VA the benefits I received for taking the class. _____

I must have my DD-214/NOBE/transcripts from any previous colleges forwarded to the DCC Admissions and Records Office for evaluation of transfer credit. _____

I will only receive VA educational benefits for courses specifically required in my curriculum, except during the semester of graduation. _____

I will authorize the certifying official to release my grades and or/ transcripts to the VA or DVS as needed. _____

I will keep all contact information current in the Admissions Office so the certifying official will always be able to reach me with questions/information. _____

I understand that if I am using VA benefits at another college and wish to receive benefits at DCC also, I must have the Certifying Official contact DCC for approval. _____

Signature

Date

Be sure you have read, initialed, and understood the statements above before signing.