



# Certification Request for VA Educational Benefits

## Student Information

Name (First, Middle, Last)	VA File Number/SSN	Student ID
Mailing 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?
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 <b>while attending another school</b> , complete form 1995 or 5495.		
<input type="checkbox"/> Chapter 30 (MGIB)	<input type="checkbox"/> Chapter 31 (Vocational Rehab)	<input type="checkbox"/> Chapter 33 (Post 9/11) <input type="checkbox"/> VRAP
<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 Degree	<input type="checkbox"/> Diploma	<input type="checkbox"/> Non-matriculated/Attending another college**
<input type="checkbox"/> Certificate	<input type="checkbox"/> Career Studies Certificate	
Program of Study:	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.

## Prior Training

Have you previously attended any other colleges or universities?  Yes  No

- If "YES", list the colleges you have previously attended: \_\_\_\_\_  
Please provide an official copy of your transcripts to the VA Certifying Official. Students are ineligible for VA Benefits if credits from prior training are not reported within two semesters.

## Upcoming Semester List of Classes

Fall  Spring  Summer Year \_\_\_\_\_

Subject	Number	Section	Course Name	# of Credits	Office Use
ENG	111	11	College Composition (example)	3	

## Tuition Payment

<input type="checkbox"/> Cash, Check, Credit	<input type="checkbox"/> Anticipated Financial Aid	<input type="checkbox"/> Vocational Rehab
<input type="checkbox"/> VMSDEP Benefits	<input type="checkbox"/> Post 9/11 GI BILL	<input type="checkbox"/> Tuition Assistance

## 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.
- I must immediately report **all changes** in enrollment to the Certifying Official. Failure to do so may result in an outstanding debt to the VA.
- I understand that VA educational benefits may be discontinued if I fail to maintain satisfactory attendance and progress.
- I cannot receive benefits for a class taken now for which I have previously received a passing grade, whether here or at another institution.
- I must have my DD-214/NOBE/transcripts from any previous colleges forwarded to the Certifying Official 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 understand all written correspondence between me and my WCC VA Certifying Official will be via my official student e-mail account.
- I understand that I am responsible for payment for my books/supplies and my tuition.

Signature	Date
-----------	------