

VETERAN REQUEST FOR CERTIFICATION

Chapter:	In-Service	VEAP	GI Bill	Dependent	Chapter 1606 or 1607
Name			Social Security Number		
Street/PO Address			VA File Number		
City/State/Zip			Telephone Number: Work/Home		

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Semester & Year	Degree (Certificate,AA,AAS,AS) & Major	Number of hours to be certified for the Semester
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Will you be concurrently enrolled at another campus? Yes No

If Yes, Name of Campus	Number of Hours
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I hereby request certification for the following courses:

Course			Hours	Course Title	Is this course a repeat course?*
CRN	Subject	Number			

Enrollment Status (Note: 8 week Courses are certified by Dates)

Fall or Spring Undergraduate

Full-Time	12+ Hours
¾ Time	9-11 Hours
½ Time	6-8 Hours
Below 6	Tuition only

Summer Undergraduate

Full-Time	6+ Hours
¾ Time	4-5 Hours
½ Time	3 Hours

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I understand that I must follow the above schedule for the entire semester, **making changes only after notifying the VA Certifying Official**. I further understand that any reduction in training time made without mitigating circumstances will be made retroactive to the beginning of the term. _____ (student initials) (Dropping below your certified enrollment status will create an overpayment.

I certify that the courses listed above are required or required electives leading toward satisfying the University's curriculum requirements for the above state degree. _____ (Student initials)

I understand that a degree plan must be on file with the VA Certifying Official. Without the degree plan on file, the VA Certifying Official has the right to deny processing my certification. _____ (Student initials)

*I understand that I may only repeat and receive benefits for a class that has a recorded grade of "F". _____ Initials

Signature of Student	Date	VACO Initials	Date
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You will sign your request during the meeting that you schedule with your VA Representative.

For Office Use Only

Action	Date	Initials	Comment
Courses Verified w/Student			
VA Once Certification entered			
Certification entered in Banner			
Reduction of Hours			