

## Enrollment Certification Request

Complete this application in its entirety. Failure to submit a complete application each semester will delay the processing of your VA certification to the Department of Veteran Affairs. In addition, if you have not done so, submit any appropriate documentation (DD-214, parent letter).

### STUDENT INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN #: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 MCCC Email: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### DEGREE AND MAJOR INFORMATION

Degree/Certificate: \_\_\_\_\_ Major: \_\_\_\_\_

Select One:

- New Student: (I have never used my VA Education Benefits and have not attended any university/college since high school)
- Returning Student: **Select One:**  I have never used my VA Education Benefits  I have previously used my VA Education Benefits at MCCC
- Continuing: (Previous VA Certified at MCCC)
- Transfer Student: **Select One:**  I have never used my VA Education Benefits  
 I have previously used my VA Education Benefits at \_\_\_\_\_
- Guest Students: My parent school is: \_\_\_\_\_ **\*MUST** submit a parent school letter from the VA Certifying Official.

Currently Active Duty Military?  Yes  No

### EDUCATION PROGRAM INFORMATION

Please check GI Bill Benefit election:

- Chapter 30      Montgomery GI Bill - Active Duty
- Chapter 1606      Montgomery GI Bill - Selected Reserves
- Chapter 1607      Reserve Educational Assistance Program (REAP)
- Chapter 33      Post 9/11 GI Bill - **Entitlement Percent** \_\_\_\_\_
- Chapter 35      Survivor's & Dependent's Assistance - **VA File Number:** \_\_\_\_\_

Chapter 30, 1606, and 1607 must verify attendance to the VA each month online at [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave) or by telephone at (877) 823-2378

Semester:  Fall  Winter  Spring  Summer

### READ AND SIGN

- I understand that it is my responsibility to report any status changes (including add/drops, withdrawals, address changes, change of major or any other changes that may affect my entitlement to GI Bill benefits.) I also understand that these changes could create a debt with the VA.
- I understand that I am responsible for any debt owed to Monroe County Community College or Veteran Affairs resulting from an overpayment in my education benefits. Non-payment may affect my student account and future registration.
- I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the School Certifying Official as soon as they occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Certifying Official ONLY

Date Certified: \_\_\_\_\_

MINF: \_\_\_\_\_ PERC: \_\_\_\_\_

The minimum course load considered a **Full-Time student is 12 credits** for Fall and Winter Semesters, and **Six credits** for Spring and Summer semesters.

	<u>Subject</u>	<u>Course No</u>	<u>Credits</u>
Example:	ENGL	151	3
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**TOTAL NUMBER OF CREDITS** \_\_\_\_\_

**(Audits and repeats of any course previously passed with a 'D' or better do not qualify for Veterans Benefits.)**