



**REQUEST FOR CERTIFICATION FOR VA BENEFITS**

**PLEASE COMPLETE THIS REQUEST EACH TIME YOU REGISTER**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

VA FILE# \_\_\_\_\_  
SS# \_\_\_\_\_  
PHONE # \_\_\_\_\_

Address Changed – YES \_\_\_ NO \_\_\_

If YES, Did you change it at the Records Office? YES \_\_\_ NO \_\_\_

If NO, please pick up and submit a change of information sheet at the Record Office.

**EDUCATION BENEFITS YOU ARE APPLYING FOR:**

\_\_\_\_\_ A. Montgomery GI Bill - Active Duty (Chapter 30) – need DD214

\_\_\_\_\_ B. Montgomery GI Bill – Selected Reserve (Chapter 1606) – need NOBE

\_\_\_\_\_ C. Montgomery GI Bill – REAP (Chapter 1607) – need DD214

\_\_\_\_\_ D. Survivors’ and Dependents’ Educational Assistance Program (DEA) (Chapter 35)

**SEMESTER YOU ARE REQUESTING CERTIFICATION:** (enter year and circle)

Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_

Approximately how many credits do you plan to take this term? (Please circle one below)

1-5                      6-8                      9-11                      12+

**NEW VETERANS OR VETERANS USING BENEFITS AT CENTURY COLLEGE FOR THE FIRST TIME:**

Have you attended any schools after high school prior to Century College?

\_\_\_\_\_ \*YES, if yes, you must request official transcripts be sent to Century College for verification to the VA. Failure to provide transcripts could result in the termination of your benefits.

\_\_\_\_\_ NO

\*If yes, list prior schools attended \_\_\_\_\_

I declare that I will not repeat any courses in which I have received or will receive a passing grade and that I will take only courses that are required or can be applied to the program goal which I placed on my Educational Benefits Application. I understand that the VA expects me to attend all of my classes regularly and to officially withdraw from any course I do not attend.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please list the program you intend to complete \_\_\_\_\_