

**VETERANS AND DEPENDENTS REQUEST FOR CERTIFICATION**

Original Certification Request     Adjustment to Schedule\*

\*DISCLAIMER: Any adjustment must have already been completed in eServices, e.g., drop or add class.

**MUST BE COMPLETED EVERY SEMESTER**

Name \_\_\_\_\_  
Last                      First                      Middle

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_  
Please print clearly

Student ID # \_\_\_\_\_

Fall Spring Summer \_\_\_\_\_  
Circle One                      Year

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**VA Education Benefits (SELECT ONE):**

- Chapter 30: Montgomery GI Bill
- Chapter 31: Vocational Rehabilitation  
Voc Rehab Counselor: \_\_\_\_\_
- Chapter 33: Post 9/11 GI Bill
- Chapter 1606: Selected Reserve Montgomery GI Bill)

- Chapter 35: **Dependents** Education Assistance  
Veteran's Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Claim#: \_\_\_\_\_
- Chapter 33 TOE: Post 9/11 GI Bill Transfer of Entitlement  
(Dependents)

**CLASS SCHEDULE:**

<u>Class Name</u> (e.g., BIOL 300)	<u>College</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Units Registered for Benefits \_\_\_\_\_

I understand that I must notify the VA certifying official IMMEDIATELY whenever I add or drop a class. I acknowledge that these courses are outlined on my VA educational plan as required classes needed to meet requirements for my goal. In accordance with the Privacy Act of 1974 (FERPA), I authorize the Department of Veteran Affairs to review and discuss my academic records with the school certifying official at FLC.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**STAFF USE ONLY:**

- DND indicator placed on record (chapter 33 & 31 only)
- PS entry
- Parent School letter sent: \_\_\_\_\_
- Tuition & Fees: \_\_\_\_\_