

VETERAN'S REQUEST FOR CERTIFICATION

NAME: _____ **SSN:** _____
LAST FIRST MI
ID: _____

CHAPTER: _____ **30 (Active Duty)** _____ **31 (VA Voc Rehab)** _____ **33 (Post 911)**
 _____ **35 (Dependent of a Veteran)** _____ **1606 (Reserve/Nat'l Guard)** _____ **1607 (REAP)**
 _____ **CURRENT ACTIVE DUTY**

CURRENT ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: _____ **ALTERNATE PHONE:** _____

Enrollment information for: _____ **FALL 20** _____ **SPRING 20** _____ **SUMMER 20** _____

CURRENT MAJOR: _____ **AS** **AA** **AAS**

Enter your class schedule for the term listed above: _____ **Cert** _____ **Dip**
Course ID Course Title Credit Hours

Important Information – Please Read!!!

1. I understand that no certification will be sent to the VA until this form is properly completed and returned to the Financial Aid Office at Westmoreland County Community College.
2. I agree to accept liability and assume responsibility for overpayments which result from my failure to officially notify the VA Certifying Official at Westmoreland County Community College immediately of any changes in my enrollment status. (Drop, Add, Withdrawal, or Change of Major)
3. I understand that I will **NOT** be paid for EXCESSIVE ELECTIVE COURSES, PREVIOUSLY PASSED COURSES, or other courses which do not qualify for VA benefits.
4. I understand that I will receive educational benefits only for courses that must be completed to meet graduation requirements for the degree I am currently pursuing at Westmoreland, and that I am responsible for reviewing my degree requirements at each registration to avoid taking excessive elective courses.
5. I understand that I must maintain academic progress as defined by the Westmoreland catalog.
6. I authorize Westmoreland to use and/or release the information contained herein to process my Veteran's Educational Benefits.
7. I certify that all information contained herein is complete and correct.

 STUDENT'S SIGNATURE DATE