Veterans Certification/Decertification Form

This completed form must be turned in EACH semester that you are requesting payment

				us Schools ended:	Year:
VA File Number (SSN#)	Student ID#	_			
First Name	MI	_			
Last Name Have you changed your address in the last 6 m Yes No If <u>YES</u> , please provide current address below:		nonths?	Units cannot be submitted to the VA until a copy of your DD-214 (member 4) has been submitted to your Certifying Official and official transcripts from all other schools (if applicable) have been submitted to the Admissions and		
Street Address		-	Records Office.		
City State	Zip	-			
Semester for which you wil and require VA benefits: Ye			Are you curi Yes No	cently on active	duty? DECERTIFY
Please list courses you are and wish to be decertified f		sh to be ce	rtified for and	d/or list courses	you have dropped
Course Name	or below.	Course		Unit Amo	ount
Example: ENGL		1A		3	
 Veterans Certificat I must notify my Certified. I must submit all training I must submit a coperate of attendance 	ity to notify the Veta ion/Decertification for ertifying Official with anscripts from previous by of my member 4 by of my Educational ance. am responsible for	erans Servi orm each s in 15 days ious schoo DD-214 to al Plan to n	ices Office by semester. of dropping ls to the Adn my Certifying cents not covered to the covere	y submitting a or failing any consissions and Read official before Official within read by the VA.	ourses previously ecords Office. e I can receive benefits. my first
I have read and unders	•				

Date:

Signature: