

VA BENEFITS - REQUEST FOR CERTIFICATION

Student ID	l	Last Name	Fi	rst Name	MI
Please fill out the	below information	n if this is your fire	st time requesting ce	ertification for VA	benefits
Please provide	e your 9-digit file nu	mber	Phone number		
If you are a dependent or s individual who	spouse, your file # will be transferred benefits to y		Email Address _		
Check Benefit Type:	☐ Chapter 30	☐ Chapter 33		Chapter 35	
	☐ Chapter 31	☐ Chapter 33 (dependent \square	Chapter 1606	
Semester you would lik (Designate one – must be			Spring 20 Sumr	ner 20	
		Veterans Af	fidavit		
understand that: I am not eligible to rece I will be responsible for Only courses meeting go Certifications will not b	r any overpayment n graduation requirem	nade to me by the Nents will be certified	/A if I withdraw from a d, with the exception c	course prior to the of my final semester;	
	A. Jank Cimakan				
	tudent Signature			Date	
OFFICE USE ONLY					