LaGuardia Community College

VETERANS REQUEST FOR CERTIFICATION

PLEASE SUBMIT TO C-371 IF YOU ARE USING GI BILL BENEFITS FOR THE TERM BELOW

Failure to complete any portion of this form may result in your certification not being processed.

NAME: _____ **STUDENT ID:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____

Are you currently serving in the military? __ YES   NO   **If yes, are you:** __ Active Duty __ Guard/Reserve

Is this a new address?   YES   NO   **Have you updated your address in CUNYfirst?**   Yes   No

__ **I have applied for Benefits via VONAPP**

Please select GI Bill Benefits program:

__Chapter 33 – Post 9/11 GI Bill   __Chapter 1606 – Selected Reserve/ National Guard

__Chapter 30 – Montgomery GI Bill   __Chapter 1607 – Reserve Education Assistance Program (REAP)

__Chapter 35 – Survivors' and Dependents' Assistance   __ I have recently changed from one benefits program to another

__Chapter 31 – Vocational Rehabilitation

Are you planning to use Military Tuition Assistance?   **Federal**   Yes   No   **State**   Yes   No

Degree: __Associate's __Certificate __Non-degree   We cannot certify veterans without a progressive objective.

Major/ Program: _____   **Is this the same major you had last term?**   Yes   No

*Term Requested: __ Fall 15, Session I (09/08/15 – 12/17/15)   __ Fall 15, Session II (01/04/16 – 02/25/16)

__ Spring 16, Session I (03/05/16 – 06/20/16)   __ Spring 16, Session II (06/27/16 – 08/15/16)

Course Number (i.e. ENGL 112)	In-seat or Online?	Course Name (i.e. English Comp I)	Repeat Course?

INITIAL EACH LINE TO INDICATE THAT YOU READ & UNDERSTAND YOUR RESPONSIBILITIES

_____ I must complete a new Veterans Request for Certification form **EACH Session** that I wish to use GI Bill benefits.

_____ I understand that **ANY** registration changes, enrolling in an unauthorized repeat, or enrolling in a course not required to fulfill my stated educational objectives may change my eligibility for GI Bill Education benefits and might create a debt with either LaGuardia C.C., the Department of Veterans Affairs, or both.

_____ I **MUST** notify the School Certifying Officer if I add, drop, withdraw or otherwise stop attending any of my classes.

_____ It is my responsibility to promptly notify the School Certifying Officer of any registration changes.

_____ I understand that I must make satisfactory progress toward my educational goal and that the school will repost changes in my enrollment status, lack of academic progress, and any other information requested to the VA.

I certify that the above course(s) do apply to my declared degree program/ certificate program.

Signature:_____   **Date:**_____

Evaluator:_____   **Date:**_____