Office of Financial Aid
Request to Receive VA Benefit Certification Form

To be completed <u>each semester</u> you are using GI Bill Benefits.
IMPORTANT: An application for admission along with all college transcripts and a copy of your DD214
must be on file in the CMC Office of Financial Aid before you can get certified.

_____   _____   _____   _____   _____
Student's Last Name   First Name   M.I.   CMC Student ID #   Date

Address: _____   Last 4 of SSN#: _____

_____   Cell Phone: (_____)_____

Home Phone: (_____)_____

Has your address changed since your last certification?

Yes   No

Enter the year next to the semester you are requesting benefits for: _____ Fall   _____ Spring

I will receive benefits under (check one):

33 (Montgomery GI Bill)   35 (Dependents)   33 (Post-9/11 GI Bill

31 (Vocational Rehab)   1606 (Sel Reserve)   1607 (REAP)

Is this the first term using your GI Bill benefits with Claremont McKenna College?   Yes   No

Have you provided the Office of Financial Aid with copies of the following?

Change of Program form? (Transfer/new program)   Yes   No   N/A

Certificate of Eligibility?   Yes   No

(Note: If we have not received any of these items there may be a delay in your certification)

Graduation Application

Please check the box if you would like Claremont McKenna College to bill the VA for your graduation fee. If

checked, the Graduation Application form must also be submitted (available for Ch. 21 and Ch. 33 recipients).

- I request that Claremont McKenna College submit the appropriate forms to the Veterans Administration (VA) so I may receive my veteran's benefits.
- Claremont McKenna College has permission to notify the VA if I change my unit status, withdraw from school, or to furnish other information requested by the VA in regards to this claim.
- I am responsible for notifying the Veterans Certifying Official at the Registrar's Office immediately of any changes in my class schedule or attendance.
- Should the VA fail to pay my school debt for any reason, I am responsible for paying for the tuition and fees charged to my account.
- I may be disqualified from receiving benefits if my GPA falls below 2.0 for two semesters or more.
- **If I fail to comply with these terms or if I have not answered all my questions on this form completely and accurately, I am liable for any over payments, discrepancies, or delay in my benefits.**

_____   _____
Signature of Student   **Date**