

CERTIFICATION REQUEST FORM

REQUESTED TERM TO BE CERTIFIED:

☐ Fall 20__ ☐ Spr Int 20__ ☐ Spring 20__ ☐ Sum 20__

Student ID

Social Security #

Last Name

First Name

MI

If Dependent, VA File #

DOB (mm/dd/yyyy)

E-mail address:

PLEASE PRINT CLEARLY! This is how we will contact you.

RSCCD HOME CAMPUS: ☐ SAC Santa Ana ☐ SCC Santiago Canyon
Courses being taken at the non-home campus location cannot be certified by the Home Campus. Your home campus Certifying Official will send a Parent Letter to the sister campus for certification, if the courses apply towards your educational program. Financial Aid applications will also be processed at their respective Home School.

STUDENT BENEFIT TYPE:

☐ Veteran, Ch. 33, 9/11 __% ☐ Veteran, Ch. 30
☐ Dependent, Ch. 33TOE __% ☐ Reservist, Ch. 1606
☐ Veteran, Ch. 31, Voc Rehab ☐ Reservist, Ch. 1607 REAP
☐ Dependent, Ch. 35DEA

STUDENT PHONE NUMBER: (____) ____ - ____

STUDENT STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BRANCH OF SERVICE:

☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard



1. **EDUCATIONAL PLAN** in file current? ☐ YES ☐ NO. If No, when is your counseling appointment for an Educational Plan?
Appointment Date: ____ Counselor Name: _____ Turn the Ed Plan to us ASAP.

2. **LIST ALL COLLEGES/UNIVERSITIES** you previously attended: Official Academic Transcripts from ALL previously attended colleges & universities including military transcripts must be evaluated in Admissions & Records. They are also needed so your academic counselor can make an accurate Educational Plan for you. If you have attended more colleges than the space provided, please attach a separate list. **IMPORTANT *****You will only have ONE semester to provide official transcripts or certification will be suspended for any future certification requests. However, unofficial transcripts are required prior to certification and must be applied to your current educational plan.***** (IF YOU'VE ATTENDED MORE COLLEGES THAN THE SPACE PROVIDED, PLEASE LIST THEM IN THE BACK OF THIS SHEET)**

☐ I have not attended any colleges other than Santa Ana College/Santiago Canyon College (Skip to #3)

Name of College/University	City/State/Country	Terms (ex: Spring 14 - Fall 15)	Degrees/Certificates Earned: (ex: AA, BA etc.)	Official Transcripts Submitted to Admissions
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ More colleges listed in the back of this page.

3. **I AM ALSO TAKING COURSES AT THE FOLLOWING COLLEGE DURING THIS SAME TERM:** ☐ Yes ☐ No
If yes, Name of College/University: _____ (Please see a VRC staff about Parent Letter if you want the courses certified at the other institution)

4. **EDUCATIONAL GOAL:** Please check **ONLY ONE** goal (**MUST match your Educational Plan in your VAO file**)

☐ AA/AS ONLY, MAJOR : _____
☐ AA/AS TRANSFER to a CSU, List MAJOR : _____
☐ Bachelors Degree Transfer Program ONLY: List Major: _____ List ONE University: _____
☐ VOCATIONAL CERTIFICATE: List program: _____ [Not all certificates are VA approved]

5. **The last time I used my VA benefits was at:** College/University: _____ Term: _____

6. **Number of units enrolled:** _____ units. (**I will be paid during the period of time each "certified" class is in session**)
WARNING: Chapter 33 students must have an enrollment status of more than half time for BAH eligibility (6.1 certified units or more or 51% or higher)

For standard semesters:

12 or more units = Full Time
9-11.9 units = 3/4 Time
6-8.9 units = Half Time
0.5-5.9 units = Less than 1/2 Time

For non-standard terms: (Summer session, 1-8 week courses, Spring Intersession)

Please use the following formula for the enrollment status:
units x 18 / wks / 12 = %
[ex: 4 unit Biology course, 8 weeks long would calculate, 4 x 18 / 8 / 12 = 75%.
Student would get paid equivalent to 9 units which is at a 3/4 time status]

STUDENT: PLEASE READ, INITIAL, AND SIGN BELOW:

INITIALS

____ I am registered in courses approved by my counselor based on my Educational Plan. Online/Hybrid Remedial Courses are NOT approved.
____ It is my responsibility to notify the Veterans Office and the Admissions Office if/when I **delete, add, or withdraw from ANY of my classes.**
____ I have read and received a copy of the General Information document and understand my responsibilities. If I neglect my responsibilities, **I WILL ACCEPT FULL LIABILITY** for any overpayment that may occur from the Veterans Administration.
____ I understand that my paperwork will be processed in dated order, and that the classes I'm registered in may or may not be approved for certification by the Certifying Official due to various reasons upon review (e.g. Courses not required for educational goal, prior credit from other institutions and/or current institution already fulfill certain requirements, academic standing issues, missing transcripts, other missing information, etc).
____ I certify that the information indicated on this form is true and correct.

Student Signature

Date

Return this form to the Veterans Affairs Office in the SAC Veterans Resource Center (M-120)