

CERTIFICATION REQUEST FORM [GUEST STUDENTS]

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 (CH35), VA File #

DOB (mm/dd/yyyy)

E-mail address:

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

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



OTHER DOCUMENTS NEEDED

- ☐ **VUB/VSSS APPLICATION.** Please make sure you fill out our VUB/VSSS application so you can utilize the many free services we have in the VRC such as free tutoring, free printing, calculator and book loans and grants, free school supplies such as scantrons, notebooks, pencils, etc., and get informed with VRC related events that benefit students like you!
- ☐ **PARENT LETTER.** Please make sure that you've requested from your degree-granting institution the Parent Letter to be sent to us (via email is fastest), so that we can certify the course or courses you are taking here at Santa Ana College. Please talk to your Parent School Certifying Official about how to obtain this parent letter.
- ☐ **Approved 1905 [For Vocational Rehab Students Only].** This will ensure that we can get you your Vouchers for your books and fees and so that your Vocational Rehab Counselor knows that you are also taking a course outside the institution you are originally taking your courses from.

Vocational Rehab Counselor email: _____

You will only be paid during the period of time each "certified" class is in session. Chapter 33 students must have an enrollment status of MORE THAN half time for BAH eligibility. Payment Chart for all units combined at SAC and other schools:

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 Parent school counselor based on my Educational Plan.
- ____ Online/Hybrid Remedial Courses are NOT approved (Please request approval from your Certifying Official at your Parent school).
- ____ It is my responsibility to notify the SAC 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.
- ____ If I am in Vocational Rehabilitation Program, I understand that I can obtain my vouchers for fees, if I am in danger of getting dropped and I am ineligible for the BOG waiver. Otherwise, I can pick up my vouchers for all fees, supplies, and books as early as 2 weeks before the term begins.
- ____ 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 understand that my classes will be dropped 72 hours after registering for non-payment.** I can either pay out of pocket or apply for the CA BOG Waiver to protect my courses from getting dropped. If I am unable to pay out of pocket and refuse to fill out the BOG Waiver or FAFSA, I understand that I do have options to get protected so my classes don't get dropped. I will talk to the Certifying Official for this specific issue.
- ____ Effective August 1, 2018, MHA will be calculated based on where the individual **physically** attends the majority of their classes.
- ____ 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)