VADOCS



## **VETERANS REQUEST FOR CERTIFICATION**

Veterans Center • 2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4309 • FAX: 928-226-4110 •. cccvets@coconino.edu

CCC ID# Last Name	First Name MI
Mailing Address	City ST Zip Code
Telephone No. (include area code) Email Address	
Telephone No. (Include area code) Linan Address	
I am a: New Student at CCC Returning Student to CCC	
I am applying for:	
Chapter of Veterans Benefits I am applying for:  Chapter 30	
What is your degree or certificate program?  Are you changing your major from what it used to be?  □Yes □No	
Are you changing your major from what it used to be?  ☐Yes ☐No	
List below ALL previously attended colleges, universities, trade/vocational schools, and military transcripts. You are required to submit official transcripts from any schools you have attended. Failure to list all previously attended colleges can result in a debt to the VA. Attach additional sheet if necessary.  1. 4.	
2.	5.
3.	6.
Have you received a degree prior to attending CCC? Tes No If so, please list the school and degree received:	
Statement of Understanding: (Please initial each statement after reading it).  I understand that it is my responsibility to submit all official transcripts from ALL previously attended colleges, universities, trade/vocational schools, and military transcripts regardless of whether I received Veteran's educational benefits there or not. VA educational benefits will not be certified until all official transcripts are turned in and evaluated.  I understand that it is my responsibility to report any changes in my schedule or degree.  I understand that it is my responsibility for any overpayment made to me due to changes in my schedule or degree.  I understand that the Veterans Administration will not certify classes that don't count towards my degree.  I understand that I am ultimately responsible for payment of all tuition, books and fees, including any "No show" and dropped class fees.	
Signature	 Date