

## 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 |             |

I am a:  New Student at CCC  Returning Student to CCC

I am applying for:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**Chapter of Veterans Benefits I am applying for:**

Chapter 30  Chapter 31  Chapter 33 (Post 9/11)  Chapter 35- Claim # \_\_\_\_\_  
 1606  Guest Student at CCC- Parent School Name: \_\_\_\_\_

What is your degree or certificate program? \_\_\_\_\_

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?  Yes  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 do not 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

\_\_\_\_\_ I understand I will be responsible for all tuition charges in **excess of the In-State resident rate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date