Enrollment Certification Request for Veterans Benefits
*This form must be submitted each semester to be certified for VA benefits.*

### Personal Information

Are you a new student ___Yes ___No  
If yes, please submit Member 4 DD214 and COE/NOBE

First/Last Name _______________________________
EMPLID __________________
(Please Print Clearly)

### Academic Information

Major: ________________________________  
Degree: ___Bachelor ___Masters ___NCD

Specialization/Concentration: ________________________________

### Certification Information

1. Please Select Benefit(s) Requested

___ Chapter 30 – Montgomery GI Bill® AD
___ Chapter 31 – Vocational Rehabilitation
___ Chapter 33 – Post 9/11
___ Chapter 33 – STEM Scholarship
___ Chapter 35 – Survivors’ & Dependents’ Assistance
___ Chapter 1606 – Reserve/National Guard
___ NYS RIRP/Naval Militia
___ Military Tuition Assistance
___ NYS Veterans Tuition Award
___ MYCAA Scholarship

2. For Chapter 35 only, please complete the information below:

Relationship to Service Member  □ Spouse  □ Student
Service Member Name: ___________________________ SSN: ______________

3. School Year: __________  
Check semester(s) you are enrolled and wish to be certified:

___ Summer 3 week Session 1  
___ Summer 3 week Session 2  
___ Summer 3 week Session 3  
___ Summer 5 week Session 1  
___ Summer 5 week Session 2  
___ Summer 8 week Session 1  
___ Summer 8 week Session 2  
___ Fall Regular Session  
___ Fall 8 Week Session 1  
___ Fall 8 Week Session 2  
___ Winter  
___ Spring Regular Session  
___ Spring 8 Week Session 1  
___ Spring 8 Week Session 2
4. Please Indicate Your Course(s) Below: (attached a separate sheet if additional space is needed)

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Number of Credits</th>
<th>In-Person/Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Psychology</td>
<td>101</td>
<td>02</td>
<td>3</td>
<td>In-Person</td>
</tr>
</tbody>
</table>

Student Affirmation

Initial each line to indicate that you have read and understand your responsibilities for certification.

_____ I hereby request that the School Certifying Official (SCO) submit my enrollment information, as indicated on this form, to the Department of Veterans Affairs (VA).

_____ I understand that the SCO is responsible for notifying the VA promptly of any changes made to my enrollment and that I, John Jay College, or both, may become liable for fees and/or overpayments as a result of these changes.

_____ I understand that I must notify the SCO immediately if I drop, withdraw or stop attending classes.

_____ I certify that the above listed class(es) are required for my program of study as declared on CUNYfirst at the time of signing this form.

_____ I understand that I must be meeting satisfactory academic progress requirements toward my program of study and that the SCO is responsible to promptly adjust or amend my enrollment certification to report to the VA my lack of progress thereof.

_____ I understand that if I utilize the VA’s “Round Out” policy, I can only do so if I am enrolled in my graduating semester, have applied for graduation for that semester, and that I can only use this option once. I must complete all required courses certified under this policy.

Student Signature ___________________________________________ Date __________

For Office Use Only:

FA Counselor Initials: ____________ Date Received: ____________

Created by: Chrissy Pacheco