

VETERANS REQUEST FOR CERTIFICATION (VRC) FORM

IMPORTANT: All requested information must be completed and this form signed in order to process your certification. This form must be submitted to the Enrollment Information Center in the SSA building or emailed to va@csueastbay.edu from your Horizon account. Certification beyond this term is NOT automatic. It is your responsibility to ensure that your benefits continue by submitting the VRC each quarter by the priority deadline. All correspondence regarding your benefits will be sent to your HORIZON email account.

New Applicants: Always allow the USDVA at least 6 – 8 weeks to process your application and payment.
 If you have used benefits previously, please allow the USDVA at least 30 days to process your payment.

NAME: _____ Net ID: _____ SSN/VA File# _____ - _____ - _____
Last First M.I.

TERM (PLEASE CHECK ONE): Fall Winter Spring Summer **20_____**

Type of Benefits: Chapter 30/34 (Montgomery GI Bill) Chapter 31 (Voc. Rehab.) Chapter 32 (VEAP)
 Chapter 1606 (Reservists) Chapter 1607 (REAP) Chapter 33 (Post-9/11) Veteran
 Chapter 35 (Dependents): File # _____ Chapter 33 (Post-9/11) TEB-Dependent

<p>CONTACT INFORMATION (Remember to update MyCSUEB!) Address: _____ City: _____ State: _____ Zip: _____ Phone #: () _____ - _____ Report address change to VA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>DEGREE OBJECTIVE <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> 2nd Bachelor's Degree <input type="checkbox"/> Credential (SS/MS) <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MBA <input type="checkbox"/> MPA <input type="checkbox"/> MSW <input type="checkbox"/> Other: _____ Program/Major: _____ Option (must be formally declared): _____ <input type="checkbox"/> 2nd Major or Minor: _____ <input type="checkbox"/> Changing Major*</p>
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1. **I am a:** Continuing Student NEW/INCOMING: First Time Freshman Transfer Post-Bacc/Graduate Student
2. **I am a(n):** Undergraduate Unclassified Graduate* Classified Graduate
3. **Expected quarter of graduation:** Fall Winter Spring Summer 20____
4. **Are you receiving any of the following grants? (Ch. 33 recipients only)**
 Cal Vet/College Fee Waiver Cal Grant State University Grant NONE/No FAESA

OFFICIAL USE ONLY:
 _____ Final Quarter
 _____ Adjusted certification
 Date: _____
 Units: _____
 Reason: _____

* See Veterans Benefits Coordinator for additional forms required for certification.

WAIT! Have you enrolled in classes? This form must be submitted AFTER you enroll in classes. Incomplete forms will not be processed and will be returned to the student. You will only be certified for classes in which you are enrolled – these classes must satisfy one or more of the following degree requirements: General Education, Program/Major, University requirements. If you change your unit load (add/drop/withdraw), you must notify the Veteran Benefits Coordinator by email at va@csueastbay.edu within one week of any change to your academic situation.

<i>Official Use:</i>	Course Number (e.g., ENGL 1001)	Units	Indicate Requirement: - GE (area and number, e.g., B6, D4) - Major (core, option, elective) - University (CGW, Code, unit req.) **must be verified by GE evaluation and/or major degree plan	If this class will be taken at another Institution, please indicate the name of the Institution and attach a copy of your proof of enrollment in this class so that a Parent School Letter* can be sent to the Institution.	<i>Official Use:</i>	<i>Official Use:</i>

Are you repeating any classes? Yes No If yes, list class(es), term(s) previously taken and grade(s) received: _____

Student Statement of Understanding

I am aware that it is my responsibility to keep the Veterans Affairs Office informed of my true academic situation (i.e., changes in program, units, withdrawal, etc.).
 I realize that I am liable for the repayment of benefits awarded through a claim based on false or misleading statements.

Student Signature: _____

Date: _____