

CHABOT VETERAN'S ENROLLMENT CERTIFICATION REQUEST

_____ (____) _____ (____) _____
 (Print) Last Name First M.I. Social Security # Home Phone # Work Phone # or Cell #

 Mailing Address: Street Address City Zip Code Email Address

VA EDUCATIONAL BENEFIT APPLYING FOR:

- Chapter 30** (New GI BILL) – Active duty-Service beginning after 6/30/85 or Chapter 34/30 – Vietnam Era GI Bill (Active duty service Before 1/1/77 and continuously from 10/19/84 – 06/30/88)
 Chapter 31 (Vocation Rehabilitation)
 Chapter 1606 (New GI Bill) Selective Reserve
 Chapter 1607 (REAP) (Member of a reserve component who serves on a active duty on or after September 11, 2011 under title 10, U.S.C., for at least 90 consecutive days.
 Chapter 35 (Survivor's/Dependent's Educational Assistance)
 Veteran's Name _____
 Soc. Security # _____ Claim # _____

LIST ALL Colleges previously attended: Rec'd

1. _____ []
 2. _____ []
 3. _____ []
 4. _____ []

ACADEMIC OBJECTIVE (check one):

A.A. A.S. Certificate **MAJOR:** _____
 TRANSFER MAJOR: _____
INTENDED TRANSFER SCHOOL: _____

SUMMER SESSTION			FALL SEMESTER			SPRING SEMESTER		
Course Name & Number	# of Units	Session Dates	Course Name & Number	# of units	Session Dates	Course Name & Number	# of units	Session Dates

TOATAL UNITS _____

TOTAL UNITS _____

TOTAL UNITS _____

Please Read Before Signing: I am aware that changes in my registration may alter the payment the VA will award me. I must promptly notify the Chabot College Veterans Office of changes in unit status, courses, grades, academic objective, withdrawals, number of dependents to be claimed, and address. I understand that I will be liable for any overpayment, which I might receive from the Veterans Administration. I understand that I must REQUEST CERTIFICATION OF ENROLLMENT by listing the course(s) I am registered for Each Semester with the Chabot College Veterans Office. I have received the booklet "Summary of Educational benefits" advising me of the responsibilities I am assuming in order to maintain eligibility for benefits. Further, I certify that I have indicated the inclusive dates of any short-term course(s) above.

Signature: _____

Date: _____

