

Schenectady County Community College- VETERANS' CERTIFICATION REQUEST FORM -Required Each Semester

Completion of this form authorizes SUNY SCCC to provide required information, and to certify your enrollment at SCCC, for the specified semester, to the U.S. Department of Veterans Affairs (VA). This form can be faxed: 518-381-1493, or mailed: Certifying Official, SCCC, Room E212, 78 Washington Ave, Schenectady, NY 12305, or scanned and emailed to: registrar@sunysccc.edu.

Term Year: _____ Fall _____ Spring _____ Summer
Name: _____
Last First Middle
Address: _____
Street City State Zip
Phone: _____ Cell _____ E mail: _____

It is your responsibility to keep the VA and SUNY SCCC informed of changes in your contact information.

Service Number/SSN: _____ SCCC ID: _____

Check the VA Benefit Program you are using or wish to use:
_____ CH 33 (Post 9/11 GI Bill) _____ CH 30 (Montgomery GI Bill - Active Duty)
_____ CH 31 (Disabled/Voc Rehab) _____ CH 35 (Survivors/Dependents Ed Asst Prog)
_____ CH 1606 (Reserve/Guard)

Is this a change of VA benefit chapter from the previous semester? Yes or No

The Certifying Official must have a copy of your Certificate of Eligibility letter on file.

Benefit Status:
 Continuing Student: Have received benefits at SUNY SCCC
 New Applicant: Applying for VA benefits for the first time
 Transfer student: Transferring from another institution where you used veterans benefits

What is your major? _____

Have you changed your major and/or program since your last certification request? Yes or No

If yes, VA Form 22-1995 or 22-5495 (CH 35) must accompany this form.

You are encouraged to apply for Financial Aid, as the VA payments may not begin until after the semester has begun.

STATEMENT OF UNDERSTANDING (Please initial each line.)

- 1. I will report any registration changes (add, drop, withdrawal, etc.) and address/phone or course of study changes to the certifying official. _____ I understand any class changes could result in a delay of payments to me. _____
- 2. I understand that a grade "W" may result in reduced payment from VA. _____
- 3. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class. _____
- 4. I understand that repeated classes for which I have received a passing grade cannot be used for my certification. _____
- 5. I understand that only courses which satisfy graduation requirements will be certified. _____
- 6. I understand that if I fail to comply with the above, it can result in an over or underpayment of benefits. The VA will hold me responsible for overpayment of my education benefits. _____

Please Note: The VA will certify claims in the order received. Omitted information can result in delays.

My signature below indicates that I understand the above guidelines, and that I know I must complete a new Veterans Certification Request form each semester for which I wish to receive benefits.

Signature: _____ Date: _____

LuAnn: _____