

**SUFFOLK COUNTY COMMUNITY COLLEGE
VETERANS CERTIFICATION FORM**

_____ Last Name _____ First Name _____ MI _____ Student ID # _____

Address _____
_____ VA File (SSN) or Claim # _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ Phone #: _____ Email: _____

Term: ____ Spring ____ Summer ____ Fall ____ Wintersession Year: _____
(Check one)

Home Campus: ____ A ____ E ____ W Student Status: ____ New ____ Transfer ____ Continuing
(Check one) (Check one)

Program: _____ Total number of Credits: _____

Check here if new program (please complete VA form 22-1995). Number of remedial credits (if any): _____
Number of online credits (if any): _____

Do you need advanced pay? __ Yes __ No Do you need a tuition deferral? __ Yes __ No

Entitlement: (Check one)

____ Ch 33 Post-9/11 GI Bill ____ Ch 30 New GI Bill ____ Ch 31 Voc Rehab
____ Ch 35 Spouse/Child ____ Ch 1606 Reservists ____ Ch 1607 REAP

Campus	CRN	Subject	Course	Credits

- Veterans and VA dependents should apply for matriculated status as defined in the catalog.
- Any change in the number of credits you are taking subsequent to completing this form must be reported to your home campus registrar's office.
- I certify that the courses I have selected are not duplications or repeats of courses I have already satisfactorily completed at SCCC with a grade of A through D.
- To the best of my knowledge, the above information is complete and accurate.

_____ Student's Signature _____ Date _____

Vet Cert form received by (initials): _____ Campus: _____ Date: _____

For Office Use Only: (SGASTDN, SPAIDEN)

Certification processed by (initials): _____ Campus: _____ Date: _____