

**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

1. Veterans and VA dependents should apply for matriculated status as defined in the catalog.
2. 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.
3. 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.
4. 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: \_\_\_\_\_

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For Office Use Only: (SGASTDN, SPAIDEN)

Certification processed by (initials): \_\_\_\_\_ Campus: \_\_\_\_\_ Date: \_\_\_\_\_