

NAME: _____ ID#: _____

7. **INDICATE YOUR STATUS:**

- First time applying for VA benefits: You must complete an **Application for VA Educational Benefits**, which may be completed on-line at **www.va.gov**. Submit copies of your **Application & DD form 214, plus your NOBE or Certificate of Eligibility** with this form.
- Continuing VA Benefits at SCCC.
- Transfer Student (received VA benefits at another institution): must complete a **Change of Program or Place of Training Form** (VA form 22-1995 or 22-5495 for Ch 35 recipients), downloaded at **www.va.gov**.
- Supplemental (Guest) Student taking classes to transfer back to your primary college/school.

8. You must have your **DD-214** and your **transcripts** from any previous colleges forwarded to Suffolk County Community College for evaluation of transfer credit. Please send to the following address:

**OFFICE OF CENTRAL ADMISSIONS
SUFFOLK COUNTY COMMUNITY COLLEGE
533 COLLEGE ROAD
SELDEN NY 11784**

You must be in a degree-seeking program to receive VA benefits. VA regulations support registration only for those courses listed in the college catalog as necessary for the completion of your program. Only courses required for your program will be considered for payment of benefits. Any deviation from this regulation may constitute an overpayment and result in repayment or termination of your benefits. (You may, however, take courses outside of your program in your last semester in order to maintain full time status.)

NOTICE: The VA requires that the College notify them immediately of all changes in enrollment. Changes include: add, drop, audit, official withdrawal, change in tuition/fees, and changes in program/place of training. For chapter 33 veterans this may affect your housing allowance (BAH).

I understand that I must complete this school form **every semester** so that I may be certified with the Veterans Administration. ****I further understand that any reduction in credits or fees (i.e., drop, withdraw, audit) may result in an overpayment from the VA and incur a debt for which I am liable.**

****For Chapter 33 veterans this may affect your housing allowance (BAH).**

Signature of Claimant _____ Date _____

Note: Deferments will only be given to qualified VA students. Students requesting a deferment must provide proof of Eligibility (Certificate of Eligibility) from the Department of Veterans Affairs.

Vet Certification Form received by (initials) _____ Campus _____ Date _____