SUFFOLK COUNTY COMMUNITY COLLEGE
VETERANS CERTIFICATION FORM

PLEASE READ AND FILL OUT THIS FORM CAREFULLY!
AN ERROR OR OMISSION ON YOUR PART MAY DELAY PAYMENT OF YOUR BENEFITS

This form must be completed and submitted to your Campus Registrar’s Office each semester that you wish to use your VA Educational Benefits.

SUFFOLK COUNTY COMMUNITY COLLEGE ID # ___________________________ VA File (SSN) or Claim# ___________________________

1. NAME: _______________________________________________________________________________________
   Last                                                                                First                                                                                   Middle Initial
   ADDRESS: _____________________________________________________________________________________
   Street      Town     State  Zip
   PHONE: _____________________________ EMAIL: _____________________________ DATE OF BIRTH: ___/___/___

2. PROGRAM: ________________________________________________________________

3. TERM (select one): ___Spring         ___Summer         ___Fall         ___Winter               YEAR: ________________

4. HOME CAMPUS (select one): ___Ammerman            ___East        ___West (Grant)

5. INDICATE THE TYPE OF BENEFIT YOU WILL BE RECEIVING:
   □ Chapter 30 (Montgomery GI Bill)         □ Chapter 35 (Survivors’ & Dependents’ Disabled or Deceased Veterans)
   □ Chapter 31 (VA Vocational Rehab)        □ Chapter 1606 (Reservist/National Guard)
   □ Chapter 33 (Post 9/11 GI Bill)          □ Chapter 1607 (Reservist/National Guard Mobilized to Active Duty)-REAP
   □ Veterans Retraining Assistance Program (VRAP)

6. PLEASE LIST ALL COURSES YOU ARE CURRENTLY REGISTERED FOR AND WISH TO RECEIVE VA EDUCATIONAL BENEFITS:
   Total number of credits _______________
   Number of remedial credits (if any) ______
   Number of online credits (if any) ________

   Summer/Winter courses are certified only for the time period during which they actually meet.
   For Chapter 33 veterans this may affect your housing allowance (BAH).

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<th>CRN</th>
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   Are you receiving any outside grants (TAP/APTS, VTA), scholarships or reimbursements? _____
   If yes, total amount $ ______

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

(Revised 6/29/12)