



REQUEST FOR CERTIFICATION: VA EDUCATIONAL BENEFITS

NAME _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____

COCC Degree Program _____

Are you currently Active Duty? _____

CHECK THE TYPE OF VA EDUCATIONAL BENEFIT YOU ARE USING

- Chapter 30** GI Bill/from Active Duty
- Chapter 1607** GI Bill for Reserve/Nat'l Guard - **Active Duty**
- Chapter 31** Vocational Rehabilitation
- Chapter 1606** GI Bill for Reserve/Nat'l Guard

Official transcripts from **all** previously attended colleges **must** be evaluated. This will determine which classes you may enroll in for educational benefits. Transcripts must be submitted and articulated prior to the second term to avoid interruption in VA Educational Benefits.

LIST BELOW ALL SCHOOLS PREVIOUSLY ATTENDED

Students using VA educational benefits are expected to adhere to the Academic Warning Policy for Central Oregon Community College. Students are considered to be in good standing if they earn a minimum 2.0 GPA each term.

I have read the above information and understand my responsibilities and obligations to remain in good standing and maintain my certification for VA educational benefits.

Signature below authorizes COCC's School Certifying Official to release information regarding benefits and enrollment to the Department of Veterans' Affairs and other offices involved with processing and monitoring benefits.

Signature _____

Date Submitted _____