

VETERANS ADMINISTRATION
Certification Request Form



Graduated from a Florida Public High School Yes No Year _____

STUDENT INFORMATION (To be completed by VA student)						
Last Name:		First Name:			Student ID #:	
Last four of File Number:		Chapter 35 Only Parent's/Spouse's Last four of File and Payee#:				
Street Address:					Apartment/Unit #:	
City:		State:		Zip:		
Cell Phone:		Hawkmial Email Address:				
Transient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Email:				
Chapter: <input type="checkbox"/> 33 (Post 9-11) <input type="checkbox"/> 35 (DEA) <input type="checkbox"/> 31 (Voc Rehab) <input type="checkbox"/> 1606 (MGIB-SR) <input type="checkbox"/> 30 (MGIB)						
Chapter 33 Only BAH % (found on COE): <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40%						
Program/Degree: (Example: AA)		<input type="checkbox"/> Transfer students only Check here if this is a change in program or place of training (If yes, you must submit a 22-1995 or 22-5495)				
Chapter 31 Only Case Manager:						
REGISTRATION INFORMATION (To be completed by VA student)						
Term: <input type="checkbox"/> Spring (SP) <input type="checkbox"/> Summer (SU) <input type="checkbox"/> Fall(FA) <input type="checkbox"/> Intercession (SP)				Year:	Residency: <input type="checkbox"/> In-state <input type="checkbox"/> Out of State	
<input type="checkbox"/> Check here if you received a GPA letter last term.				<input type="checkbox"/> Check here if this is your Graduating term.		
Check One: <input type="checkbox"/> Full-time (12+ credits) <input type="checkbox"/> ¾ Time (9-11 credits) <input type="checkbox"/> ½ Time (6-8 credits) <input type="checkbox"/> Below ½ Time (under 6 credits)						
Ch. 33 BAH%:	12+ credits = 100%	11 credits = 90% 9-10 credits = 80%		7-8 credits = 60%	No BAH Paid (under 7 credits in a regular fall or spring term)	
Course ID (example: ENC 1101)	Credit Hours	Start Date	End Date	Third Attempt?	Campus Location (Required for all classes)	Course Format (check one)
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
				<input type="checkbox"/>		<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> On-site
HCC ADVISING SIGNATURE (To be signed by HCC advisor or advising generalist)						
Student GPA:						
Advisor/Advising Generalist Signature:					Date:	

DISCLAIMERS AND SIGNATURE (To be completed by VA student)

I have read and understand the HCC academic student policies as stated in the HCC catalog. I further understand that I must adhere to the following rules and regulations in order to be certified to receive VA educational benefits: *(please initial)*

_____ I have submitted the member 4 copy of DD-214 (chapters 1606, 1607, 35, and 31 excluded).

_____ For **Ch. 1606 only**: I have submitted a copy of my NOBE (Notice of Basic Eligibility).

_____ For **Ch. 33 Transfer of Eligibility (TOE) only**: I have submitted copies of the DOD approval.

_____ For **Ch. 31 only**: I have submitted a VA-28-1905 form.

_____ I will provide a copy of my Certificate of Eligibility upon receipt (if not previously provided), and understand that failure to do so can result in delays to the certification process.

_____ The normal processing time to receive your VA payments can take 6-8 weeks after the semester begins. New benefit applicants can take 10 weeks. Therefore, by initialing, I understand that these payments are not immediate and serve as a source of reimbursement.

_____ I understand that the VA will not cover courses that are not applicable to my program of study or in excess of graduation requirements, and I am responsible for verifying coursework eligibility with the Advising department.

_____ I understand that I am responsible for all tuition and fees not paid by the U.S. Department of Veterans Affairs. It is my responsibility to make sure that all tuition payments due to HCC are in place for a given semester. I will make any necessary arrangements for tuition payments with the Bursar or through Financial Aid (if applicable). I understand that failure to do so may result in deregistration of my classes.

_____ I understand that a hold may be placed on my account in the event that there is a balance due to HCC. I understand that an unpaid balance on my account may prevent the issuing of grades, transcripts, and future registrations. I also understand that if my account is referred to a collection agency that I am responsible for the associated collection charges.

_____ I understand that I must notify the HCC Office of Veteran Student Affairs of any withdrawals, withdrawn for non-attendance, late drops/withdrawals, or cancellations.

_____ I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to HCC on my behalf.

_____ I understand that HCC School Certifying Officials and Academic Advisors are not employed by the VA and have no control over the VA's processing timeline.

_____ I understand that I must maintain at least a 2.0 GPA in order to be eligible for VA benefits. I further understand that if my GPA falls below a **2.0** GPA for 3 consecutive semesters I will be ineligible for VA benefits until it is above a 2.0

_____ **Chapter 33** Tuition and fees will not be sent to the VA until after the end of the drop/add week. If you have any additional funding (scholarships, Financial Aid, etc.) may pay your tuition first. If this happens you will receive a refund.

Student Signature:

Date:

OFFICE USE ONLY: Received By: _____ Date Received: _____ Date Scanned: _____