

# REQUEST FOR CERTIFICATION

ALL REQUIRED DOCUMENTS MUST BE SUBMITTED TOGETHER TO BE CERTIFIED.

Student Information				
LAST NAME	FIRST NAME	MI	STUDENT ID	
ADDRESS <input type="checkbox"/> Address Change		SSN	VA FILE NO (35 ONLY)	
		EMAIL		
CITY	STATE	ZIP	PHONE	ALT. PHONE
<p>Student status: <input type="checkbox"/> Recertification <input type="checkbox"/> Incoming Student <input type="checkbox"/> Returning Student  <input type="checkbox"/> Transfer Student from: _____            If a transfer student, have you submitted a change of program or place of training form? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>For which term would like to be certified:  <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer I/Summer II 20____ <input type="checkbox"/> May Mini 20____ Winter Mini 20____</p> <p>Are you: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Dependent</p> <p>VA chapter: <input type="checkbox"/> 33 (Post 9/11-Veteran) ____% <input type="checkbox"/> 33 (Post 9/11-Dependent) ____% <input type="checkbox"/> 30 (MGIB) <input type="checkbox"/> 1606 (Reserve)  <input type="checkbox"/> 1607 (REAP) <input type="checkbox"/> 31 (Voc. Rehab) <input type="checkbox"/> (35 Dependent) <input type="checkbox"/> VRAP</p> <p>If chapter 33, approximately how much eligibility time do you have remaining? ____ months ____ days  <i>NOTE: A reduction in the VA tuition and fee payment may occur if benefits run out during the semester.</i></p> <p>Are you using the following state benefits programs? <input type="checkbox"/> Hazelwood <input type="checkbox"/> Combat Exemption for Children of Military Service Members <input type="checkbox"/> Not using any state benefits <input type="checkbox"/> Other _____</p>				
<p>Major/Program: _____ Degree Type: <input type="checkbox"/> AAS <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> AAT</p> <p>Are you graduating this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you changed majors since your last certification? <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, from _____ to _____.            If yes, have you submitted a change of program or place of training form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>All transcripts (college, university, and military) have been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Has admissions evaluated your DD-214 for KINE credit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Previously used VA educational benefits: <input type="checkbox"/> Yes, at Lee College <input type="checkbox"/> Yes, at _____ <input type="checkbox"/> No</p> <p>Have you filed a Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p><b>With my request to use GI benefits, I agree that: (Please initial next to each statement)</b></p> <p>____ I understand that the courses that I am certifying for are in my current major and on my degree plan, except as noted, and that if I enroll in courses not in my major; I will be responsible to the Department of Veterans' Affairs for any overpayment.</p> <p>____ I understand that I must be registered in order for Lee College to process my certification with the Department of Veterans' Affairs.</p> <p>____ I will notify the <b>VETERANS CENTER</b> at Lee College each time I register, drop, or resign.</p> <p>____ I understand that I must at all times have a <b>CURRENT</b> degree plan of my major on file, and that I must fill out a Change of Program form any time my major changes.</p> <p>____ I am responsible for payment of all charges not paid by the VA or other veteran benefits.</p>				
<b>STUDENT SIGNATURE:</b>				<b>DATE:</b>

**RETURN THIS FORM TO:**

Lee College Veterans Center  
 PO BOX 818  
 Baytown, TX 77522

EMAIL: va@lee.edu  
 PHONE: (832) 556-4300  
 FAX: (832) 556-4305