

VA EDUCATION ASSISTANCE

REQUEST FOR CERTIFICATION THROUGH PACIFIC UNION COLLEGE

By filling out this form and submitting it to the Veterans' Certifying Official at the Records Office, you are requesting to have your enrollment certified each term so that the VA will process your benefits.

Name _____ Date of Birth _____

Address _____ Phone # (Day) _____

_____ Phone # (Eve.) _____
City State Zip

SS# _____ E-mail _____

File # C- _____ (The file number is the SS# of the Veteran and is REQUIRED)

WHICH VA BENEFITS WILL YOU RECEIVE? (Check only one)

- Chapter 30 (Montgomery Bill: service beginning on or after July 1, 1985)
- Chapter 31 (Vocational Rehabilitation)
- Chapter 32 (VEAP: Service beginning on or after Jan 1, 1977 through June 30, 1985)
- Chapter 33 (Post 9/11 GI Bill)
- Chapter 33Y (Post 9/11 GI Bill – Yellow Ribbon)
- Chapter 35 (Dependents' Educational Assistance)
- Chapter 1606 (Montgomery Bill: Active Reserve)
- Chapter 1607 (REAP)

WHICH PROGRAM WILL YOU BE ATTENDING? (Check only one)

- Angwin Campus (Major: _____ Degree: AS BA BS BBA BSN)
- Clearlake Campus (Degree Completion: ECE or Management)
- Hanford Campus (ASN)
- Napa Campus (Degree Completion: ECE or Management)
- Napa Campus (BSN)
- Santa Rosa Campus (Degree Completion: ECE or Management)
- Travis Campus (ASN)
- Travis Campus (Degree Completion: Management)

WHEN WILL YOU START ATTENDING/CLAIMING GI BILL BENEFITS? ____/____ (Mo/Yr)

*I am aware that it is my responsibility to keep the Veterans' Certifying Official informed of **SIGNIFICANT CHANGES** in my academic program such as a change in my educational objective (major and/or degree) or withdrawal from college at the time of the occurrence. It is also my responsibility to notify the Veterans' Certifying Official if I change my address.*

*I realize that **I AM LIABLE FOR REPAYMENT OF BENEFITS** awarded through a claim based on false or misleading statements, or awarded in error.*

SIGNATURE _____ Date Signed _____