

REQUEST FOR CERTIFICATION
St. Philip's College, Office of Veterans Affairs

NOTE: Your certification will not be processed unless every item is completed correctly.

Name _____ SS# _____ Banner # _____ VA

Claim # _____ Address _____ City _____ Zip _____ [] Address Change

Telephone: Home _____ Cell _____ E-Mail _____ Degree

(circle one): AA AS AAS CC Other _____ Major: _____ (Ex., Pre-Nursing)

If you signed a 2+2 agreement, then please provide the name of the school and your major in the block above (Ex. UTSA Biology)

VA Chapter: [] 315 [] 30 [] 33 [] 35 [] 1606 [] 1607 [] VRAP

Student Status: [] New at SPC [] Former at SPC: Last Semester Attended _____ [] Transfer from: _____

List **ALL** Colleges Ever Attended **(Needs to be filled out every semester)**: _____, _____, _____, _____ [] None

All official transcripts have been provided to Records & Registration [] Yes [] No [] N/A

Has Records & Registration evaluated an original DD Form 214 for possible KINE credit? [] Yes [] No [] N/A

Previously used VA Educational Benefits: [] No [] Yes, at: [] SPC [] Other College _____ []

[] VA Work Study [] Graduating Semester [] On Active Duty During This Semester if so, Sep/Ret Date _____

Fall 2013	Start Date	Ending Date	Hours to be Certified
16-Week	8/26/13	12/14/13	
8-Week/Flex I	8/26/13	10/19/13	
14-Week/Start II	9/9/13	12/14/13	
8-Week/Flex II	10/21/13	12/14/13	
Session			
Session			
Session			
Session			
Session			
Session			
Session			

(See reverse for additional class sessions and dates)

Class(es) I plan to register in this semester:

<u>Course Name</u> (example: PSYC)	<u>Course Number</u> (example: 2301)	<u>Course Name</u> (example: SPCH)	<u>Course Number</u> (example: 1311)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the courses above are in my current major, 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. **I understand that I must be registered** in order for the Office of Veterans Affairs to process my certification with the Department of Veterans Affairs. If for any reason I change my class schedule, **I will notify** the Office of Veterans Affairs immediately. I acknowledge that during peak periods it may take longer to process my certification for payment. I have received a copy of the Student Responsibilities and understand what they entail.

I am responsible for any overpayments due to withdrawal or dropping classes.

Student's Signature

Date

Staff Member Initials

Fall 2013 (Page 2 continued)	Start Date	Ending Date	Hours to be Certified
SDEV Sessions			
SDEV	8/31/13	9/7/13	
SDEV	9/21/13	9/28/13	
SDEV	10/5/13	10/12/13	
SDEV	10/26/13	11/2/13	
SDEV			
SDEV			
AERM Sessions			
AERM	8/26/13	9/11/13	
AERM	8/26/13	9/17/13	
AERM	8/26/13	9/23/13	
AERM	8/26/13	9/27/13	
AERM	8/26/13	10/9/13	
AERM	9/12/13	10/9/13	
AERM	9/18/13	10/9/13	
AERM	9/24/13	10/9/13	
AERM	9/30/13	10/21/13	
AERM	10/10/13	10/25/13	
AERM	10/10/13	11/1/13	
AERM	10/10/13	11/13/13	
AERM	10/10/13	11/19/13	
AERM	10/22/13	12/3/13	
AERM	11/1/13	12/3/13	
AERM	11/14/13	12/13/13	
AERM	11/20/13	12/9/13	
AERM			
AERM			
AERM			
AERM			