



Request for Certification

Email Completed Form to veterans@fullcoll.edu

Name: _____ SSN: _____

Address: _____ Birthdate: _____

City: _____ Zip: _____ Telephone: _____

FullColl ID#: _____ Email: _____

What year and semester are you requesting benefits for: Year: _____ Semester: _____

Check Degree Type:

Certificate Associates Transfer

Has your degree type changed from last semester? Yes No

What GI Bill are you planning to receive? **Check one:**

Chapter 30–Montgomery Chapter 31–Vocational Rehabilitation

Chapter 33–Post 9-11 Chapter 35–Dependents

Chapter 1606–Reserves Chapter 1607–REAP

Please list the COURSE TITLE, NUMBER of UNITS, and mark the CLASS TYPE if applicable.

Course Title	Units	Online	Short Term	Campus (If other than FC)
<i>EXAMPLE: PRNT 086 F</i>	#			

I understand that changes in my enrollment may result in my owing a debt to the Department of Veteran Affairs.

Today's Date: _____

Are you currently on active duty or terminal leave? Yes No If so, what is your end of service date? _____

OFFICE USE ONLY	RECEIVED BY: _____	DATE: _____
DFNP SET _____	Parent School Letter: YES / NO	Pre-Cert done by: _____
RESIDENT _____	PSL created by: _____ Date: _____	Re-Pre-Cert by: _____ Date: _____
BOGG _____	Short Term: YES / NO	Certification by: _____
AD/TL _____	Online: YES / NO	NOTES:
SGASTDN _____	Units: _____	