



Request for Certification

Please submit completed forms via email to VRCCertifications@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–Veteran Readiness & Employment
 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 (<i>EXAMPLE: PRNT o86 F</i>)	Units	Online	Short Term	Campus (If other than FC)

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: _____	