

2023-2024 Veteran’s Certification worksheet

(For enrollment period 6/1/23 – 5/31/24)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Address |  | SS# |  | Phone |  |
| City |  | State |  | Zip |  |

 [ ]  Check here if this is a new address and VA needs to be notified. (for *immediate* change call **1-800-827-1000**)

## PLEASE CHECK ONE:

[ ]  This is the first time I have attended any University or College using my VA Benefits.  **(22-1990 & DD-214 or NOBE required)**

[ ]  I am a new student transferring from another University or College and *I have used my benefits*.

[ ]  I have attended TC3 and used VA benefits.

## What degree will you be working towards this semester? (*VA will not pay if you are not in a degree program)*

[ ] AAS [ ]  AS [ ]  AA [ ]  Certificate **Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Visiting Student** *(Letter from home school of a required transfer credit approval)*

|  |  |
| --- | --- |
|  **Is this a change from last semester?**  |  [ ]  YES [ ]  NO |

**Please select which semester you are enrolling for:**  *(VA will not pay for Audits, CO-OP, or non-credit courses)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | FALL  | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
| [ ]  | SPRING | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
| [ ]  | FIRST SUMMER (5 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
| [ ]  | SECOND SUMMER (5 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
| [ ]  | SUMMER (8 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |
| [ ]  | SUMMER (10 weeks) | **Year\_\_\_\_\_\_\_** | Credit Hours\_\_\_\_\_\_\_ |  |  |

***REMEMBER TO NOTIFY THE CERTIFYING OFFICAL OF ANY CHANGES IN HOURS!***

**Are you repeating any courses this semester?** Yes [ ]  No [ ]  If yes, what course(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you required to receive a **“C”** or better in this course for your major? [ ] Yes [ ]  No

**Type of benefits that you receive:** (Please check one)

[ ]  Chapter 30, Montgomery GI Bill (Active Duty) [ ]  Chapter 1606, Montgomery GI Bill (Nat. Guard or Reservist)

[ ]  Chapter 31, Vocational Rehabilitation [ ]  Chapter 1607, Reserve Educational Assistance Program

[ ]  Chapter 33, Post-9/11 GI Bill - Percentage of eligibility \_\_\_\_% [ ]  Chapter 35, Dependents: **VA claim # (Required) \_\_\_\_\_\_\_\_\_\_\_**

**Please Note:** If less than 100% of the Post-9/11GI Bill, you have the responsibility for remaining Tuition and Fees.

I hereby state that anytime my status changes from what I have indicated on this form, I will immediately notify TC3’s

VA certifying official, located in the Financial Aid Office**. I understand that it may take up to 60-90 days for VA to process a claim.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  |  **Date** |  |

The Veterans Administration is empowered to solicit the information requested in this form under the authority of Title 38, United States Code.

“GI BILL®**”** is a registered trademark of the U.S. Department of Veterans Affairs (VA). For more information about VA Education benefits offered by the VA is available at the official U.S. government website at <https://www.va.gov/education/>.

**COMPLETE AND RETURN TO:** Office of Financial Aid, Tompkins Cortland Community College

170 North Street, P.O. Box 139 Dryden, NY 13053 FAX: 607.844.6538

Attn: James Janke (VA Certifying Official) Email: jankej@tompkinscortland.edu