



Certification Enrollment Status Form

Veterans Affairs Office 3000 Campus Hill Drive, Livermore, Ca 94551

Office: (925) 424-1571/1572 Fax: (925) 424-1574 Email: TSteffan@laspositascollege.edu

Name		SSN		Student ID	
Address		City		State	Zip
VA File # (If dependent)		Phone		Email	

Term to be certified: Spring 20____ Summer 20____ Fall 20____ BOGG FEE Waiver: Y/N Date: _____

Benefits: Ch 30 Ch 31 Ch 33 Vet Ch 33 TOE Ch 1606 Ch 1607 (If dependent: Spouse or Child)

Ch 35 Veteran's Name _____ Soc. Sec. # _____ Claim # _____

Academic Objective (Check one):

AA AS Certificate Major

Transfer Major: _____

Intended Transfer School: _____

List All College previously attended

1. _____	(Rec'd)
2. _____	()
3. _____	()
4. _____	()

Courses Added (e.g. 10052, Engl 100A)	Units	Session Date	Online/ Hybrid Y/N	Withdrawal Date	Office Use
Total					

Read and Initial:

_____ I understand that I am **required** to have an Education Plan written by a VA-approved counselor prior to my second semester.

_____ I understand that I am **required** and that it is **my** responsibility to have any and all official transcripts sent to Las Positas Community College, Admissions and Records prior to my Education Plan. (Official copies **must** be submitted.)

_____ I understand that I am **required** to inform the Las Positas Community College Veterans Affairs Center of any and all changes to my schedule during the semester. A failure to do so may result in an overpayment on my part, which would result in a debt with the U.S. Department. of Veterans Affairs.

_____ I understand that if I am receiving **Chapter 30, 1606, or 1607** benefits, I am **required** to verify my enrollment at the end of each month with Veterans Affairs. Failure to do so will result in an interruption in my benefits.

I certify that: I am legally enrolled in the above courses, I am not repeating any course for which I have previously received credit, and all information provided is current and correct.

SIGNATURE _____ DATE _____