



VA EDUCATION BENEFITS CERTIFICATION REQUEST and STATEMENT OF OBLIGATION



Part I: Student Information – Please Print

New/First Time at LPC *Must provide DD214 & COE Continuing Student

First Name: _____ Last Name: _____

Student ID: W _____ SSN: _____

Current Address: _____ City: _____ CA Zip: _____

Phone Number: _____

Chapter: 31 33 33 TOE 35 Montgomery GI 1606

Note: If CH 35: Name of Parent/Spouse: _____ SSN: _____

**Must provide a copy of student birth if dependent or marriage certificate if spouse. (Office Use Only: Date Recd: _____ By: _____)

Major or Certificate: AA or AA-T AS or AS-T Transfer Program Certificate

Major: _____

College Transcripts & Date Official Transcripts were received:

Institution	Date Official Transcripts Recd	Institution	Date Official Transcripts Recd
1.		3.	
2.		4.	

Part II: Registration Information

Term: Fall Spring Summer Year: _____

CRN	Course Title	Units	C=Chabot or L=LPC	O=Online/Hybrid or R= Onsite	Start Date	End Date	Office Use Only – Notate Adding or Dropping courses & Date
TOTAL UNITS:							

Term: Fall Spring Summer Year: _____

CRN	Course Title	Units	C=Chabot or L=LPC	O=Online/Hybrid or R= Onsite	Start Date	End Date	Office Use Only – Notate Adding or Dropping courses & Date
TOTAL UNITS:							

Term: Fall Spring Summer Year: _____

CRN	Course Title	Units	C=Chabot or L=LPC	O=Online/Hybrid or R= Onsite	Start Date	End Date	Office Use Only – Notate Adding or Dropping courses & Date
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