



Office of Veterans Services

Class Certification Request

Semester: FALL 20____ WINTER 20____ SUMMER 20____

Name: _____ Student ID: _____

Telephone: _____ Social Security Number: _____

VA Benefit Chapter:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chapter 30-Montgomery GI Bill | <input type="checkbox"/> Chapter 33-Post 9/11 | <input type="checkbox"/> Chapter 35-Survivors/Dependents |
| <input type="checkbox"/> Chapter 31-Vocational Rehab. | <input type="checkbox"/> Chapter 33-Fry Scholarship | <input type="checkbox"/> CVTG-State of Michigan Grant |
| <input type="checkbox"/> Chapter 1606-Selective Reserves | <input type="checkbox"/> WAWF TA-Navy, Marines, Coast Guard | <input type="checkbox"/> MING-STAP-Mich. Army/Air Ntl. Grd. |

Student Status:

- New Student (first semester at SC4)
- Current Student
- Returning Student (last attended SC4 more than 1 year ago)
- Guest Student from _____ (name of college/university)

Name of Academic Program: _____

I have filled out a request for multiple programs

Course Name	Online (Y/N)	Explain if there is an In-person component for an Online Class	Credits	Repeat (Y/N)
Example: Math 110 60	Y	4 proctored tests	4	N

Graduating this semester I have applied for graduation

Carefully read and sign:

I hereby acknowledge that I have been informed that as a person claiming benefits under Title 38, United States Code, I am required to report to the Veterans Administration through the college's Office of Veterans Services any withdrawals, credit hour increases, credit hour reductions or any other changes in my institutional status. **I understand that only courses that are required for my degree(s) and are not repeats with a passing grade will be certified.**

Student signature: _____ Date: _____