



ENROLLMENT CERTIFICATION FOR VA EDUCATION BENEFITS

Note: This form must be submitted each semester in order to receive VA education benefits

Name: _____ Date of Birth: _____

SSN # or Student ID # _____

Mailing Address: _____ City _____ State _____ Zip _____

Home phone #: _____ Cell phone #: _____

CCC Campus Email Address: _____

Personal Email Address: _____

VA Education Benefit Information: (Check One)

***VERIFY ATTENDANCE: YOU NEED TO VERIFY ATTENDANCE EVERY MONTH BEFORE PAYMENT IS ISSUED IF YOU ARE RECEIVING ONE THE FOLLOWING WITH AN ASTERISK (*)**

- * Montgomery GI Bill (Chapter 30) Vocational Rehabilitation (Chapter 31) Currently on Active Duty
- * Montgomery GI Bill – Selected Reserve (Chapter 1606) Reserves or Nat'l Guard
- Post 9/11 GI Bill (Chapter 33) Dependent (Chapter 35) VA File #: _____

Major/Program: _____

Are you graduating this semester? Yes or No, if Yes please see your advisor to get evaluated

Have you changed majors since your last certification? YES or NO

With my request to use GI Bill benefits, I agree that: (Please initial next to each statement)

_____ I am certifying for courses in my current major and on my degree plan, except as noted, and that if I enroll in courses not in my major, I will be responsible to the Department of Veterans Affairs for any overpayment.

_____ I must be registered in order for the Veteran Affairs Office on campus to process my certification with the Department of Veterans Affairs.

_____ I will notify the Veteran Services Office on campus each semester I register, if I drop, or withdraw.

_____ I must at all times have a CURRENT degree plan of my major on file with the Veteran Affairs Office.

_____ I am responsible for payment of all charges not paid by the VA or other veteran benefits

_____ I must maintain at least a 2.00 GPA each semester to continue to receive VA education benefits.

Signature: _____ Date: _____

COUNSELOR / ADVISOR CERTIFICATION

***VA EDUCATION BENEFITS ARE ONLY PAID FOR COURSES THAT APPLIED TOWARDS DEGREE PROGRAM**

I certify that a minimum of _____ semester hours of the courses listed below for the current period of enrollment apply toward meeting degree requirements for the degree listed above.

COURSE NUMBER	COURSE TITLE	Hours

Advisor or Department Head Signature _____

Please return form to:

Joseph McKee, VA Certifying Official – Financial Ai



_____ Date: _____

. Presley Administration Bldg., 1st Floor

NON-DISCRIMINATION STATEMENT: Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities, and employment opportunities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michael Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614; Phone: (662) 621-4853, Email: mhouston@coahomacc.edu