COASTAL ALABAMA COMMUNITY COLLEGE

VETERAN/DEPENDANT CERTIFICATION REQUEST

Name	Date				
Student Number					
CAMPUS:	Atmore □Bay Minette □Brewton □Fairhope	e □Gilbertown [□Gulf Shores □M	Ionroeville Thomasville	
Check VA Chapter (select one): O CH 30—Montgomery GI Bill O CH 31—Disable Veterans/Vocational Rehabilitation O CH 33—Post 9/11 GI Bill		 ○ CH 35—Survivors' & Dependents' Assistance VA File Number			
Please indicate seme	Fall Spring Summer Year				
Major:		_			
	ny additional resources of aid such as scho			1 0	
List only courses that apply towards a degree or certificate program: Course Number Course Title Semester Hrs On Campus/Online					
Course Number	Course little		Semester Hrs	On Campus/Online	
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INTIAL EACH LINE TO INDICATE THAT YOU READ & UNDERSTAND YOUR RESPONSBILITIES					
I must complete a new Veteran Certification Request form for EACH term that I wish to use GI Bill benefits.					
I understand that my veterans educational benefits will only pay for coursework REQUIRED as a part of my program of study(free electives are included in REQUIRED course work) AND I will be responsible for any expense the veterans educational benefits does not cover. VA will NOT pay for online remedial courses.					
I will report ALL adds/drops/withdrawals/class cancellations, changes of major/program, or if I stop attending any of my classes to the Veterans Certifying Officer immediately.					
I understand that I MUST review my DEGREE PLAN every semester before I register to make sure I am only taking classes that are required to complete my degree.					
I understand that the initial processing of my VA Benefits Application and Certificate of Enrollment generally takes approximately 4-6 weeks to complete.					
I understand that certification will be done as soon as possible following receipt of all required paperwork. I further understand that the initial certification will be reviewed and amended if needed after the semester adjustment period.					
Signature:			Date:		
		Pag'd	hv	Date	