

Office of Veterans Affairs  
Building 7, 2<sup>nd</sup> Floor  
(510) 659-6199 phone  
(510) 659-7309 fax



Ohlone Community College District

43600 Mission Boulevard P.O. Box 3909 Fremont, CA 94539-5847 (510) 659-6000 www.ohlone.edu

## VETERAN'S REQUEST FOR CERTIFICATION

**IMPORTANT:** Return this completed form to the Veteran Affairs Office in Building 7, second floor or fax to 510-659-7309. Answer all questions to ensure that your benefits will not be delayed and to help us determine what forms you need to fill out and what steps you need to take to continue receiving your benefits.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ VA file number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Have you previously attended any colleges (including Ohlone College) or universities? Yes No**  
IF YES, PLEASE LIST ALL OF THEM (send official transcript(s) to the Ohlone College Veterans Affairs Office):

\_\_\_\_\_

1. I am a: (check one):

- Continuing student, and the school has my VA file.
- Continuing student, and I have never applied for the benefits.
- Transfer student, and I did apply for VA benefits from another school.
- Transfer student, and I have never applied for VA benefits.
- First Time Student

2. What benefit are you applying for? (Check one)

- Dependent (Chapter 35-Survivor's/Dependent's Educational Assistance)
- New G.I. Bill-Active Duty (Chapter 30)
- Vocational Rehab (Chapter 31)
- V.E.A.P. (Chapter 32-Service begins on or after 1/1/77-6/30/88)
- MGI Bill-Selected Reserve (Chapter 1606)
- REAP (Chapter 1607-Reserve Educational Assistance Program)
- Post 9/11 (Effective 08/2009)

3. I am requesting benefits for the following term(s):

- Fall \_\_\_\_\_, please list the course(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Spring \_\_\_\_\_, please list the course(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Summer \_\_\_\_\_, please list the course(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

4. What is your current major? \_\_\_\_\_. **Circle type of degree:** AA AS BA BS CA CC

**Have you changed major since your last enrollment certification?**

- Yes. You must meet with the VA certifying Official.
- No

### STUDENT STATEMENT OF UNDERSTANDING

I am aware that it is my responsibility to keep the Ohlone College Veterans Affairs Office informed of my true academic situation, i.e. change of program, units, withdrawal, etc. I realize that I am liable for repayment of benefits awarded through a claim based on false or misleading statements.

I am also aware that I have to fill out this form each semester after registering for classes.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_