



Office of Veterans Coordinator- Miller Hall
 Wanda Pickens - 864.646.2026 - wmarsha1@tctc.edu

**REQUEST FOR
 CERTIFICATION OF
 ENROLLMENT FOR VA
 BENEFITS**

STATUS INFORMATION

- This form is: The Initial Form for Semester An Updated Form (*Reporting Changes in Enrollment*)
- Is this your **first time** using VA benefits at TCTC? Yes (*Go to www.gibill.va.gov. Complete VONAPP (Veterans Online Application)*) No
- Have you changed majors at TCTC in the past two semesters: No Yes (*You must complete VA Form 22-1995, or 22-5495 (if Chapter 35).*)

Name: _____ T# _____
 Last First M.I

Address: _____

Phone: _____ Email: _____ Degree Program: _____

Currently I am: Active Duty Reservist National Guard (State): _____

VETERANS EDUCATION BENEFITS FOR WHICH YOU ARE APPLYING (check one)

- Ch. 30** Montgomery GI Bill **Ch. 31** Vocational Rehabilitation **Ch. 33** Post 911-GI Bill
 - Ch. 35** Dependent/Survivors* **Ch. 1606** Montgomery GI Bill- Selected Reserve **Ch. 1607** (REAP)
- *VA Claim# _____

ENROLLMENT INFORMATION: Semester: _____ Year: _____ Number of Credits: _____

STATEMENT OF UNDERSTANDING

- *I must be registered for courses that are required for my degree program.*
- *Each term, I must submit this form to the Veterans Coordinator for each semester of eligibility for VA educational benefits. Otherwise, I may not be certified and may not receive benefits.*
- *If I am Chapters 30, 1606, or 1607, I must verify my enrollment monthly with the VA by visiting the VA website at www.gibill.va.gov. Click "Verify Attendance (WAVE)". Or, I can call 1-877-823-2378.*
- *I must immediately report any changes in enrollment (course add/drops, withdrawals) to the Veterans Coordinator, and to provide substantial explanation for dropping classes or withdrawing from a class. Note that a reduction in credit hours may result in a change in eligibility for benefits even after disbursement has occurred.*
- *VA benefits may be discontinued if I fail to maintain satisfactory academic progress or satisfactory attendance towards completion of my program of study. I further understand that "Incomplete" (I) grades must be completed by the end of the following semester, or VA benefits may be reduced or interrupted.*
- *I am responsible for paying any charges (tuition and fees) not covered by my Veteran's education benefits.*
- *The information contained in this form is true and correct to the best of my knowledge.*

Signature: _____ Date: _____