



PO Box 587, Pendleton, SC 29670
Office of Financial Aid - Miller Hall
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VA Certification Request Form

Semester: (circle one) FALL SPRING SUMMER
Year: _____

NAME: _____ T#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ TCTC Email: _____

Current Veteran Status: Veteran Active Duty
 SC National Guard/Reserves Dependent

Your benefit type (you can list either Chapter # if known or title of benefit):
Chapter # _____ / Title: _____

**If you are CHAPTER 35 (Dependent), what is the VA Claim #: _____

DID YOU CHANGE YOUR MAJOR? _____

**IF YES, did you do the official paperwork through the TC Central? YES NO

| COURSE INFORMATION (MAT 102, ENG 101, etc.) | CREDIT HOURS (3, 6, etc.) | REPEAT? (Yes or No) | NOTES |
|--|------------------------------|------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

STATEMENT OF UNDERSTANDING:

- **I am responsible for paying any charges (tuition and fees) not covered by my Veteran’s education benefits.**
- I must be registered for courses that are **required for my degree program**. *Only those required courses may be certified to the VA for payment.*
- **I must complete the Veterans’ Certification Request Form EACH semester in order to be certified for my courses.**
- 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. A reduction in credit hours may result in a change in eligibility for benefits even after disbursement has occurred.
- If I am Chapter 30, 1606, 1607, or VRAP, 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.
- 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.
- The information contained in this form is true and correct to the best of my knowledge.

Signature: _____

Date: _____