



Veteran's Education Office Application
Chp. 30, 31, 33 T.O.E, 35 & 1606/1607
Contact Person: Monique Suter @ 559-925-3341

Student I.D. # _____

Name: _____
First M.I. Last

Mailing Address: _____
Address or P.O. Box # City State Zip Code

Phone: (____) _____ Email: _____

S.S.N: _____ D.O.B: _____

Veterans:

Branch of Service: _____ Date of entry: _____ Discharge date: _____

**Please Select the Chapter of Educational Benefits that applied to you: **

- Chp. 30 (MGIBILL)
- Chp. 31 Voc. Rehab.
- Chp 1606/1607 Reserves
- Chp. 33 (Post 9/11)

Spouses and/or Dependents:

**Please Select the Chapter of Educational Benefits that applied to you: **

- Chp. 33 TOE (Post 9/11 TOE)
- Chp.35 (Dependent of Disabled Veteran)

Sponsor SSN/VA Claim # _____

Academics:

Are you currently enrolled at another college: YES NO

If yes, Where? _____

Have you previously attended another college?

If yes, Where? _____

Did you use VA educational benefits while attending? YES NO

Please read and check all boxes:

- I understand that I will only be certified for courses that are required and listed on my current student educational plan. I will notify the Veteran's Certifying Official immediately of any changes in my courses and/or in unit load are made.
- I understand that I will not be certified beyond one semester if all *official transcripts* have not been received & evaluated by the College. I also understand that once my transcripts have been evaluated it may be necessary to adjust my certification which may result in an overpayment with the VA.
- I understand that enrollment in non-standard length courses (ex: Psych Tech/Nursing students) are *only* counted towards full time enrollment for the dates that the course meets.
- I understand that it is *my* responsibility to make sure my student fees are paid each semester, even if the VA is paying for my tuition. Failure to do so could result in my classes being dropped or a hold being placed on my account for future semesters.
- I understand that it *my* responsibility to notify my VA Certifying Official if I qualify for financial aid monies.

Student Signature: _____ Date: _____

Thank you for choosing West Hills Community College!