



ENROLLMENT CERTIFICATION REQUEST FORM

COMPLETE THIS FORM FOR CERTIFICATION OF ENROLLMENT TO THE VA FOR PAYMENT

Return form completed to:

La Shawn Brumfield

Veterans Resource Center at College of Alameda

555 Ralph Appezato Memorial Parkway, Alameda, CA 94501

Fax: (510) 748-5285

Email: Lbrumfield@peralta.edu

Name:	Student ID:	Phone #:	Email:
Term to be certified & year (SELECT ONE) Spring _____ Summer _____ Fall _____ Intersession _____ -			Major / Program of Study _____ -
Please select which VA Education Benefit you will be utilizing (Select One):			
<input type="checkbox"/> Chapter 30: Montgomery GI Bill <input type="checkbox"/> Chapter 31: Vocational Rehabilitation Voc. Rehab. Counselor: _____ <input type="checkbox"/> Chapter 33: Post 9/11 GI Bill <input type="checkbox"/> Chapter 33 TOE: Post 9/11 GI Bill Transfer of Entitlement (Dependents)		<input type="checkbox"/> Chapter 35: Dependents Education Assistance Veteran's Name: _____ <input type="checkbox"/> Chapter 1606: Selected Reserve Montgomery GI Bill <input type="checkbox"/> Chapter 1607: Reserve Educational Assistance Program(REAP)	

STUDENT OBLIGATIONS – Please read carefully and initial:

_____ I understand that I must submit an Enrollment Certification Request form each term I wish to use my VA education benefits.
I will **not** be automatically certified.

_____ I understand that I am required to have a current Veterans Education Plan on file with the College of Alameda Veterans Services Office before any courses can be certified for VA pay purposes.

_____ I understand that I can only receive benefits for courses required and outlined on my Veterans Education Plan and that I must maintain good academic standing.

_____ I understand that I am required to inform College of Alameda Veterans Services Office of any and all changes to my class registration during the current term.

_____ I understand that **withdrawing** from course/s and subsequent grade of "W" may reduce VA payment eligibility. Failure to do so may result in an overpayment on my part, which would result in a debt with the U.S. Department of Veterans Affairs.

_____ I understand that courses with non-standard term dates may affect my monthly allowance and may be paid at a different rate as determined by the VA based on the number of credits and length of the course.

_____ I understand that I must have full-time status (12 units for Spring & Fall semester, 6 units for Summer term) in order to receive the maximum benefit Payable

_____ **In accordance with the Privacy Act of 1974 (Public Law 93-579), I authorize the Department of Veteran Affairs to review and discuss my academic records with the school certifying official at College of Alameda.**

_____ **FOR STUDENTS RECEIVING CHAPTER 30, 1606, 1607 BENEFITS:** I understand I am required to verify enrollment at the end of each month. Failure to do so will result in an interruption of my benefits. (Verification of Enrollment: 1-877-823-2378 or <https://www.gibill.va.gov/wave>)

_____ **FOR STUDENTS RECEIVING CHAPTER 33 (POST 9/11) BENEFITS:** I understand that I will not receive any monthly allowance if I am in half-time enrollment (6 units) I must be in enrolled in at least 7 units to receive payment from VA. . I also understand that if enrolled in solely online courses, I will not receive the maximum benefit payable.