

# Veterans Certification Request Form

Return to: Student Financial Assistance, 125 College Drive  
Casper, WY 82601

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address that you want the VA to have \_\_\_\_\_  
(Street) (City & State) (Zip code)

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

## VA Program you are eligible for:

\_\_\_\_\_ Ch 1606 (Reserve/Nat'l Guard) \_\_\_\_\_ Ch 1607 REAP (Active Duty Guard/Reserve)  
\_\_\_\_\_ Ch 30 (Active Duty) \_\_\_\_\_ Ch 31 VA Voc Rehab  
\_\_\_\_\_ Ch 35 Dependent of Veteran, (Report VA Claim # \_\_\_\_\_ )

## I have registered for classes and am requesting certification for the indicated term(s) and the degree:

\_\_\_\_\_ Fall Only \_\_\_\_\_ Fall & Spring \_\_\_\_\_ Spring Only \_\_\_\_\_ Summer Year: \_\_\_\_\_

## Degree:

\_\_\_\_\_ Assoc. of Arts (AA) \_\_\_\_\_ Assoc. of Science (AS) \_\_\_\_\_ Assoc. of Fine Arts (AFA)  
\_\_\_\_\_ Certificate \_\_\_\_\_ Assoc. of Business (AB) \_\_\_\_\_ Assoc. of Applied Science (AAS)  
\_\_\_\_\_ UW Degree \_\_\_\_\_ Dual Enrolled with \_\_\_\_\_ (name of school)

Major: \_\_\_\_\_ Area of Emphasis (within major): \_\_\_\_\_

## **I understand that: (Initial each line when read)**

- \_\_\_\_\_ 1. The VA coordinator can only certify for classes listed in the "recommended curriculum" section of the Casper College catalog for my degree and major as listed above. If substitutions or additional requirements are made by my department, I will provide documentation to the VA coordinator.
- \_\_\_\_\_ 2. VA regulations prohibit the inclusion of any audit courses toward enrollment certification.
- \_\_\_\_\_ 3. Courses that do not meet for the full length of the semester are only included during the period they meet. The VA will exclude them during the rest of the semester when deciding how much you will be paid.
- \_\_\_\_\_ 4. I must immediately notify the VA coordinator if I drop or add any courses, withdraw from the college, or have any other changes in enrollment status, and that changes in my registration may alter the payment the VA will award me. I also understand that I am liable for any overpayment which I might receive from the VA as a result of these changes.
- \_\_\_\_\_ 5. VA regulations require students to make satisfactory progress toward their stated degree and failure to meet the standards as outlined in the college catalog under "Academic Standing" can result in loss of benefits.
- \_\_\_\_\_ 6. If I fail a course, the last day I attended class, as reported by the instructor, will be reported to the VA and I will be liable for any resulting overpayment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

All applicants will be considered equally without regard to race, color, national origin, sex, age, religion, political belief, handicap, or veteran status. If reasonable accommodations are necessary to help you complete this form, please contact the Office of Student Financial Assistance.

### Office Use Only

Estimated Pay Amount \$ \_\_\_\_\_

Certification Completed \_\_\_\_\_

Colleague Updated \_\_\_\_\_ STNT \_\_\_\_\_ AIDE \_\_\_\_\_ FMF \_\_\_\_\_

VACert 4/10/2006

Place date stamp here