

Ohlone Community College District
43600 Mission Boulevard
Fremont, CA 94539-5847
(510) 659-6000



Veterans Affairs Office
Building 7, Second Floor
(510) 659-6199
veteransaffairs@ohlone.edu

VETERAN'S REQUEST FOR CERTIFICATION

IMPORTANT: Return this completed form to the Veteran Affairs Office in Building 7, second floor, fax to 510-659-7309 or email to veteransaffairs@ohlone.edu.

This form must be submitted each semester in which you wish to continue receiving VA education benefit. New students/returning students must contact the office for enrollment steps before enrollment can be submitted.

Name: _____ Student ID: _____

Address: _____ VA file number (Chapter 35): _____

City: _____ Zip Code: _____ Telephone: _____

Email address: _____

Please select the benefit you are eligible for:

- | | |
|--|--------------------------------|
| Chapter 35-Survivor's/Dependent's Educational Assistance) | Chapter 30-Veteran/Active Duty |
| Chapter 31-Veteran Readiness and Employment | Chapter 1606-Selected Reserve |
| Chapter 32-V.E.A.P.-Service begins on or after 1/1/77-6/30/88) | Chapter 33-Post 9/11 |

Please list the term(s) and the courses for which you are currently registered and wish to receive the benefit

Fall _____, please list the course(s): _____, _____, _____, _____
Spring _____, please list the course(s): _____, _____, _____, _____
Summer _____, please list the course(s): _____, _____, _____, _____

What is your current major? _____.

Type of degree: AA AS ADT Transfer UC/CSU CA

Have you changed major since your last enrollment certification? Yes No

Has SCO received a copy of your Student Education Plan? Yes No (SEP is needed)

Have you submitted:

- | | | |
|--|-----|---------------------------|
| -Your prior college transcripts to Ohlone? | Yes | No (transcript is needed) |
| -Military transcript to Ohlone College? | Yes | No (transcript is needed) |

Check this box if you have never attended any college/don't have military transcript

STUDENT STATEMENT OF UNDERSTANDING

I certify that that classes listed above are applicable to my program of study and listed on the Student Ed. Plan provided to the SCO. I am aware that it is my responsibility to drop a course if I no longer wish to attend, and to keep the Ohlone College Veterans Affairs Office informed of my true academic situation, i.e. change of program, units, withdrawal, etc. I am liable for repayment of benefits awarded through a claim due to a drop, false or misleading statements. I understand that I have to fill out this form each semester after registering for classes to continue receiving my benefit.

Student Signature: _____ Date: _____