

SECTION 1 - TO BE COMPLETED BY STUDENT

A) NAME (Last, First MI)	B) BIRTH DATE (Mo/Dy/Yr)
C) SOCIAL SECURITY ADMINISTRATION (SSA) NUMBER	D) VA FILE NUMBER (if different from SSA Number, include Suffix or Payee Number for Chapter 35)
E) MAILING ADDRESS (include City and ZIP Code) _____ _____	F) Is this address a change from that which you last reported to the DVA? (circle) YES / NO
G) PRIMARY CONTACT NUMBER (include Area Code)	H) SECONDARY CONTACT NUMBER or E-MAIL ADDRESS (if any)
I) NAME and ADDRESS OF SECONDARY INSTITUTION _____ _____ _____	J) Which VA Education Benefit Program are you requesting to be certified under? (check one) <ul style="list-style-type: none"> · Montgomery GI Bill - Regular Active Duty (Ch. 30) · Montgomery GI Bill - Selected Reserve (Ch. 1606) · Veterans-Survivors and Dependents (Ch. 35) · Disabled Veterans Vocational Rehabilitation (Ch. 31) · Other: _____ (e.g., Ch. 32 Sec. 903, 901, etc.)
K) INSTRUCTIONS TO STUDENT: <ol style="list-style-type: none"> 1) Obtain and attach the course title and description of each course you want to be certified at your secondary institution. 2) Obtain and attach the course equivalent to each course at your primary institution (see your academic counselor if you are not sure what these may be). 3) Submit this form and all attachments to your primary institution's VA office. 4) Upon your completion of the course(s) at your secondary institution, submit your official transcript to your primary institution's VA office. 	

SECTION 2 - TO BE COMPLETED BY PRIMARY INSTITUTION

L)	INSTRUCTIONS TO SECONDARY INSTITUTION: <ol style="list-style-type: none"> 1) Please certify this student's enrollment in the following (circle one training type) UNDERGRADUATE STANDARD / NCD course(s): _____ _____ _____ _____ _____ _____ _____ _____ 2) Indicate, on the ENROLLMENT CERTIFICATION, if Supplemental Enrollment for NAME OF PROGRAM, and the name and the facility code of the primary institution for CREDIT ALLOWED, then attach a copy of this letter, or if using VACert, indicate, under REMARKS, if Parent School Letter is on file. 3) Send or transmit the ENROLLMENT CERTIFICATION to the DVA and, as a courtesy, send a copy of it to the primary institution. 4) Report any changes in this student's certified enrollment to the DVA, within 30 days, being sure to indicate, under REMARKS, if Change in supplemental enrollment status.
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Full credit toward meeting graduation requirements in this student's approved educational program will be granted by our institution following successful completion of these courses at the institution indicated above.

M) DATE	N) SIGNATURE and TITLE OF CERTIFYING OFFICIAL	O) NAME and ADDRESS OF PRIMARY INSTITUTION (include Facility Code)
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