

**Dawson Community College**  
**Education Benefit Certification Request Form**

Name (Last, First, MI)			
Student ID	Social Security Number	Date of Birth	
Street Address	City	State	Zip
Home Phone	Cell Phone	Email Address	
Type of Major (Please check one)			
<input type="checkbox"/> Associate <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Certificate of Applied Science			
Education Benefit Being Applied for (Please check one)			
<input type="checkbox"/> Chapter 33 (Post 9/11 GI Bill ® ) <b>VETERAN</b> <input type="checkbox"/> Chapter 31 <b>Vocational Rehabilitation</b> <input type="checkbox"/> Chapter 33 (Post 9/11 GI Bill ® ) <b>TRANSFER OF ENTITLEMENT/Fry Scholarship</b> <input type="checkbox"/> Chapter 30 (Montgomery GI Bill) <input type="checkbox"/> Chapter 35 (Dependent), please provide claim number _____ <input type="checkbox"/> Chapter 1606 (Active, Reserve, or National Guard) or Chapter 1607 (REAP) <input type="checkbox"/> Active Duty			
Certification Status (please check one and complete any additional information, if needed)			
<input type="checkbox"/> First time - "I have never used my education benefits and would like to begin using them at DCC" Student must complete the 22-1990 on VA website <input type="checkbox"/> Continuing - "I have attended and used my benefits at DCC during this past semester." <input type="checkbox"/> Reinstating - " I have attended and used my benefits at DCC but did not attend this past semester." Last Semester Attended: <input type="checkbox"/> Spring/Year _____ <input type="checkbox"/> Fall/Year _____ <input type="checkbox"/> Summer/Year _____ <input type="checkbox"/> Transferring - "I have used my education benefits at a different school and want to transfer to DCC." Student needs to complete 22-1995 on VA website <input type="checkbox"/> Changing Status - "I am adding/dropping a course." Initial Credit Hour Total: _____ hours                      New Credit Hour Total: _____ hours <input type="checkbox"/> Withdrawing - "I am completely withdrawing from all classes."			
TERM declaration			
CRN	Credits	Course #	Course Description

**Important Requirements and Guidelines. Please read, initial and sign**

- \_\_\_\_\_ I understand that the following requirements listed on this form are set forth by DCC, and are for the purposes of administering my educational benefits only. It is my responsibility to seek and understand any additional requirements set forth by DCC in order to begin, maintain and/or end my enrollment at this institution.
- \_\_\_\_\_ I understand that I must check both my mail and e-mail on a continuous basis for important information regarding my education benefits. I also understand that my mail and e-mail address must be updated with both the VA Certifying Office and on my DCC account.
- \_\_\_\_\_ I understand that I must notify the VA Certifying Officer at DCC as soon as any of my personal information changes to include, but not limited to a change of address, phone number, name, etc.
- \_\_\_\_\_ I understand that I must complete the Education Benefit Certification Request Form (this form) every semester.
- \_\_\_\_\_ I understand that I must complete the appropriate paperwork located in the Registrar's Office at DCC with the VA Certifying Officer in the event that I decide to change my major.
- \_\_\_\_\_ I understand that I must notify the VA Certifying Officer at DCC immediately upon a change in course load (adds, drops, withdrawals) as this may result in an over/underpayment of my educational benefits.
- \_\_\_\_\_ I understand that I will not receive educational benefits for retaking classes that I have already successfully completed, or for unearned failing grades (F grades).
- \_\_\_\_\_ I understand that if my cumulative GPA is below a 2.0 for 2 consecutive semesters, my educational benefits may be suspended.
- \_\_\_\_\_ I understand that I must confirm attendance every semester through the DCC Registrar. Your VA benefits will not automatically be certified.
- \_\_\_\_\_ I understand that any charges at DCC are ultimately my responsibility.
- \_\_\_\_\_ I understand that all remedial courses, internships, independent studies, and concurrent enrollments must be pre-approved by the DCC Registrar.
- \_\_\_\_\_ I understand that I must supply the VA Certifying Officer with all transcripts (including JST transcript) within the first semester of enrollment.
- \_\_\_\_\_ I understand that if I receive a fee waiver designated for tuition and/or fees, I must notify the VA Certifying Officer. Waivers are not covered by the VA and it will reduce the charges submitted to the VA.
- \_\_\_\_\_ I understand that by not complying with the above listed guidelines, my educational benefit payments may be delayed, suspended and/or I may be required to reimburse the Department of Veteran's Affairs or DCC for all or a portion of the educational benefit payments that I received for this entire semester.
- \_\_\_\_\_ I understand that the School Certifying Official for DCC will share and submit student information, such as semester and hours registered, grades, billing information and directory information to the Department of Veteran Affairs. The information is confidential and shall be used only for the purposes of obtaining your GI Bill ® Education Benefits.

I have read and understand the requirements listed above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date