## Request for Certification of VA Education Benefits - Ranger College

Full Name (printed):		-
SSN:	File Number:	
Mailing Address:		_
City, State, Zip:		-
Email Address:	Contact Phone #:	
Term and Year to be Certifie	ed (example: Fall 2025):	
Major:		-
Check one: ☐ Certificate ☐	$\square$ Associate Degree Check one: Active Duty? $\square$ Yes $\square$ No	
<ul> <li>□ Chapter 30 - Montgomer</li> <li>□ Chapter 31 - Veteran R</li> <li>□ Chapter 33 - Post 9/11 G</li> </ul>	which VA Chapter are you requesting to be certified? (Only choose by GI Bill® (Active Duty) Readiness and Employment. GI Bill® Benefits	se one)
	Sponsor Name and SSN	
☐ Chapter 35 - Survivors/E	Dependents File Number (Veterans SSN) and Suffix	
☐ Chapter 1606 - Montgon	nery GI Bill® (Reserves/National Guard)	
<ul><li>□ Chapter 1607 - REAP (R</li><li>□ Hazlewood Act</li></ul>	Reservists Activated after 9/11/01)	
	NOTICE	
two terms with an undeclare * You must submit all transc *If you withdraw from or re- unsatisfactory participation	an on file, and you will only be certified for courses on that degree pled major but, in doing so, you must take courses that will apply to a precripts (Military or other Colleges) for review of previous earned creditative a grade of "F" for all courses in a term, your benefits for that term or progress and may require a written appeal to VA for future prof participation for each course, you may owe overpayment to VA the	rogram or degree.  its.  erm will be terminated for bayments to be received
class days of ALL CHANGE	at I have read all of the notices above. I agree to notify my VA Certifyin ES including: absences of three (3) consecutive days or more, any charot forward checks) and/or withdrawal from Ranger College.	· ·
Signature	Date	

IMPORTANT - You MUST complete this form EVERY TIME you register for a new term, add or drop a course, change your address, or withdraw from college. Failure to do so will result in a delay in processing and may cause an overpayment in benefits that must be repaid.

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