

Request for Certification of VA Education Benefits - Ranger College

Address Change Only

Add/Drop

Withdrawal

Full Name (printed): _____

SSN: _____ File Number: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____ Contact Phone #: _____

Term and Year to be Certified (example: Fall 2019): _____

Major: _____

Check one: *Certificate* or *Associate Degree* Check one: Active Duty? *Yes* *No*

Under which VA Chapter are you requesting to be certified? (Only choose one)

Chapter 30 - Montgomery GI Bill (Active Duty)

Chapter 33 - Post 9/11 GI Bill

Transfer of Chapter 33 Benefits _____

Sponsor Name and SSN

Chapter 35 - Survivors/Dependents _____

File Number and Suffix

Chapter 1606 - Montgomery GI Bill (Reserves/National Guard)

Chapter 1607 - REAP (Reservists Activated after 9/11/01)

Hazlewood Act

NOTICE

*You must have a degree plan on file, and you will only be certified for courses on that degree plan. You may attend up to two terms with an undeclared major but, in doing so, you must take courses that will apply to a program or degree.

*If you withdraw from or receive a grade of "F" for all courses in a term, your benefits for that term will be terminated for unsatisfactory participation or progress and may require a written appeal to VA for future payments to be received. Depending on the last date of participation for each course, you may owe an overpayment to VA that has to be repaid before future benefits will be paid.

By signing below, I certify that I have read all of the notices above. I agree to notify my VA Certifying Official within three (3) class days of ALL CHANGES including: absences of three (3) consecutive days or more, any changes in my class schedule, change of address (VA will not 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.