

VETERANS CERTIFICATION FORM

Please provide all information requested on this form. Submit this form every semester. An email is sent to your Bucks email address to confirm certification. Please know that an incomplete form may delay certification.



NAME: _____ STUDENT No. _____

ADDRESS: _____

Thank you for your service.

CITY: _____ STATE _____ ZIPCODE _____

MAJOR or PROGRAM: _____ Note: **Submit Form 22-1995 if changing your major or institution.**

SOCIAL SECURITY NUMBER _____ PHONE _____ (Cell/Home)

APPLYING FOR BENEFITS FOR: FALL/ SPRING/ SUMMER/ 20__ Have you ever collected VA Benefits at Bucks? NO _____ YES _____

If YES, when was the last semester that you collected benefits? _____

Education benefit you are seeking:

Post-9/11 GI Bill® (Chap.33 % _____)	Transfer of Benefits (TOB), Post 9/11 (The veteran must have ACTIVE as of 1 Aug 2009) Submit Form22-1990E to VA	Montgomery GI Bill®-Active Duty Education Assistance (Chap. 30)
Montgomery GI Bill®-Selective Reserve Education Assistance(1606)	Montgomery GI Bill®-Reserve Education & Assistance Program(REAP) – (Chap. 1607)	Vocational Rehabilitation (Chap. 31) VA File Number _____
Survivors’ and Dependents’ Educational Assistance (Chap. 35) VA File Number _____		*IMPORTANT NOTE: Veteran students are eligible for returning student priority registration each semester.

I have registered for:

Course Number	Section	Course Title	Credits or Clock Hours

By checking each box below, I acknowledge that it is my responsibility to:

Not repeat any course previously taken or completed except as permitted by VA regulation.

Notify Bucks County Community College’s Certifying Official (in Admissions) of ANY changes to my course enrollment, address, or major.

Assume full responsibility for any debts owed to Bucks or the VA should I withdraw, be withdrawn for non-attendance, drop, or receive an over-payment.

Understand that hybrid courses are not considered “in residence,” and are, therefore, treated as “distance learning.” The number of hybrid courses enrolled for a given semester or term may affect my BAH.

Understand that any and all bookstore charges are my responsibility. Failure to pay these charges prior to the end of a given semester or term may prevent me from registering until my account is paid in full.

Understand that only courses which are required by my program of study (major) will be certified. Any courses undertaken which are not part of required coursework are, therefore, my responsibility for payment of tuition/fees.*

Signature: _____ **Date:** _____

Rev. 09/16

For office use: STAL VETS _____ STAL VSTU _____ SRBD _____ ARAI _____ PERC _____