**CALIFORNIA STATE UNIVERSITY, EAST BAY – CONTINUING EDUCATION VETERANS OFFICE**, STAFF & FACULTY BUILDING
25800 CARLOS BEE BLVD., HAYWARD, CA 94542 | (510) 885-2305 PHONE | (510) 885-4817 FAX

# VETERANS REQUEST FOR CERTIFICATION (VRC) FORM

**IMPORTANT**: All requested information must be completed and this form signed in order to process your certification. This form must be submitted to the Continuing Education office SF102 or fax (510) 885-4817. Certification beyond this term is NOT automatic. It is your responsibility to ensure that your benefits continue by submitting the VRC each semester.

All correspondence regarding your benefits will be sent to your HORIZON email account.

**New Applicants**: Always allow the USDVA at least 6-8 weeks to process your application and payment. If you have used benefits previously, please allow USDVA at least 30 days to process your payment.

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Name: _____ Net ID: _____ SSN/VA File #:_____
Last First

**Term** (check one) Fall Semester____ Spring Semester____ Summer Semester____ 20_____

**Type of Benefit**:
__ Chapter 30/34 __ Chapter 31(Voc Rehab.) __ Chapter 32(VEAP)
__ Chapter 1606 __Chapter 33(Post-9/11)
__ Chapter 35(Dependents): File #_____

**Contact Information:**
Address: _____

**Degree Objective:**
___BS ___MS ____MBA ____MSW ____Certificate

City: _____ State: _____ Zip: _____ Program/Major: _____

Phone #: ( ) _____

Report Address change to VA: ___Yes __No

1. I am a: ____Continuing Student ____New/Incoming Student ____Transfer
2. I am a(n): ____Certificate ____Degree ____Graduate
3. Expected semester of graduation: ____Fall ____Spring ____Summer 20____
4. Are you receiving any of the following grants? ____Cal Grant B ____State University Grant ____None

This form must be submitted **AFTER** you enroll in classes each semester. Incomplete forms will not be processed and will delay your VA benefit payment. You will be certified for classes in which you are enrolled.

| Course Information( ENGL, 1001, Hayward) | Units |
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Are you repeating any courses? ____ Yes ____ No

**Student Statement of Understanding**

I am aware that is it my responsibility to keep the Veterans Affairs Office informed of my true academic situation (i.e., changes in program, units, withdrawal, etc..). I realize that I am liable for the repayment of benefits awarded through a claim based on false or misleading statements.

Student Signature: _____Date: _____