



Veteran's Certification Request

Name: _____ SS# _____ Term: Fall Spring Summer
First MI Last (circle one)

Address: _____ City: _____ Zip: _____

Home Phone () _____ - _____ Work or Cell () _____ - _____ E-mail Address _____
(require to receive enrollment certification)

I last attended PBCC (please state term/year) _____

Check one:
 Ch. 30 (GI Bill) _____
 Ch. 31 (Voc. Rehab) _____
 Ch. 1606 (Reserve/Guard) _____
 Ch. 1607 (REAP) _____
 Ch. 35 (dependents/spouses) VA File Number Above (required)
Circle one: I am the 1st 2nd 3rd 4th dependent or spouse to use education benefits.

Major: _____ Program: AS AA AAS or certificate (circle one)

Law Enforcement Academy _____ Cross Over Academy _____ Corrections Academy _____

Your major and program must agree with those listed in the College's official record. If you have changed your major or program since your last VA certification, you must complete form "22-1995" for veterans/"22-5495" for dependents/spouses.

Please certify me for the following courses in which I am currently enrolled:

Course Name	Course ID#	Course Name	Course ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Advisor Certification *Exceptions: transient/dual enrolled students submit a transient form from your primary institution. Criminal justice academy (i.e., law enforcement, corrections, cross-over) and fire academy students do not need an advisor's signature.*

I hereby certify all the above classes are necessary for the student's major. Yes _____ No _____
If NO, please state: _____

Advisor's name: _____ Signature: _____ Date: _____

I understand that I must consult an Academic Advisor every term to ensure that my courses will apply toward my degree program. I will request that he/she sign this form. If I **DROP, AUDIT, or WITHDRAW** from any of the above listed courses, I will complete a revised veteran's certification request form within 15 days.

Student Signature: _____ Date: _____

DO NOT SUBMIT THIS FORM UNTIL REGISTRATION IS COMPLETE
BE SURE TO READ AND SIGN THE BACK OF THIS FORM

SAP _____
Home Campus _____
Prior Training Reported _____
Award Posted _____

For office use only