



1 College Place, Claremont, NH 03743
with Academic Centers in Keene, NH & Lebanon, NH
www.rivervalley.edu 603-542-7744 RVCCRegistrar@ccsnh.edu

VA CERTIFICATION REQUEST FORM

Veteran Educational Benefits Enrollment Information

You must complete this form for every semester you want your hours certified.
New students must meet with the RVCC School Certifying Official for initial set up.
Certificate of Eligibility must be on file with RVCC.

A _____, _____
Student ID# Last Name First Name MI

Address: _____
Street/PO Box, Apt # City State Zip Code

Email Address: _____

Cellphone #: _____ Home Phone # (if available): _____

Academic Program: _____

SPECIFY CHAPTER FOR CERTIFICATION:

- Chapter 33 - Post 911/GI Bill (prior active duty after 9/11/01)
- Chapter 30 - Montgomery GI Bill (prior active duty)
- Chapter 1606 - Montgomery GI Bill (Reserves/National Guard)
- Chapter 1607 - REAP Enhanced benefits after a deployment
- Chapter 31 – Vocational Rehabilitation
- Chapter 35 – Survivors' and Dependents' Educational Assistance Program (DEA)
- VRAP – Veterans Retraining Assistance Program

Are you a guest student receiving benefits at another institution?	Yes	No
Are you currently on active duty?	Yes	No
Have you been officially accepted to a degree/certificate program?	Yes	No
Have you changed schools? <small>If so, you must complete VA Form 22-1995</small>	Yes	No
Have you changed majors? <small>Make sure that you are being certified for your current major.</small>	Yes	No

IMPORTANT: If you are ordered to active duty or deployed, **please let this office know ASAP.** Also, if you change your major or increase/decrease your credit hours, be sure to let this office know (notifying through the VA by yourself on the WAVE alone is not sufficient for the VA, our offices must also certify your changes to the VA). Your VA benefits are depending on it!

Complete the authorization by signing the back of this form.



A _____, _____
Student ID# Last Name First Name MI

I acknowledge that I have met with my faculty advisor and I am registered for only courses that are required for my program.

I agree that if I withdraw from my classes or leave RVCC, for any reason, I will **notify** IN WRITING OR EMAIL to RVCCRegistrar@ccsnh.edu the RVCC School Certifying Official in the Registrar’s Office (this includes graduation).

I agree to promptly notify IN WRITING OR EMAIL to RVCCRegistrar@ccsnh.edu the RVCC School Certifying Official of ANY and ALL changes which occur in the information furnished in this form.

I understand the RVCC policy on satisfactory progress and RVCC procedures for adding, dropping and withdrawal from school. I agree that it is my responsibility to comply with these policies and procedures.

I accept personal liability for any overpayment made to me by the VA which results from my failure to comply with RVCC policies and procedures, or VA regulations, and agree to refund such overpayment promptly to the VA or RVCC.

****You must complete this form for every semester you want your hours certified****

I do **NOT** want to be certified for the following Semester: _____ Year: _____

Please certify me for the following Semester: _____ Year: _____

I authorize the information furnished on this form to be released to the VA, National Guard, or funding agency. I authorize RVCC to submit to the VA, any changes that may occur which affect my benefit payments and to share academic information as requested by the VA on my behalf. I further agree that RVCC may share my information with the VA, National Guard, or funding agency to include: Social Security number, address, grades, academic information and rate of academic progress. By signing this document, I have read, understand, and agree to the terms.

Signature & Date: _____

If you have questions, please feel free to visit our office, call or email.
We will be happy to assist you. Thank you for all you do for US!

We look forward to serving you.

RVCC School Certifying Official
603-543-4417
RVCCRegistrar@ccsnh.edu

How can we serve you better?