



GI BILL BENEFITS REQUEST

Records Department
Room 2220, West Campus
3300 Century Avenue North
651.779.3299
651.779.3296 - VA Certifying Official

PLEASE COMPLETE THIS REQUEST EACH TIME YOU REGISTER

Last Name: _____ First Name: _____ Middle Initial: _____ Student ID: _____

Current Street Address: _____ VA File # (SSN): _____

City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone #: _____

Address Changed: Yes No
If you checked **Yes** above, did you change it at the Records Office? Yes No If not, please fill out a change of information sheet at the Records Office.

Education benefits you are applying for: (check one)

- Montgomery GI Bill – Post 9/11 (Chapter 33) – need DD214
What % do you qualify for _____ Will you be using FTA _____
- Montgomery GI Bill – Active Duty (Chapter 30) – need DD214
- Montgomery GI Bill – National Guard/Selected Reserve (Chapter 1606) – need NOBE
- Montgomery GI Bill – REAP (Chapter 1607) – need DD214
- Survivors' and Dependents' Educational Assistance Program (DEA) (Chapter 35)
Disabled or deceased family member's VA File #: _____

Please list the program you intend to complete:

Program Number _____	Degree, Diploma or Certificate Name _____	<input type="checkbox"/> AA	<input type="checkbox"/> AFA	<input type="checkbox"/> AAS	<input type="checkbox"/> AS	<input type="checkbox"/> Dip	<input type="checkbox"/> Cert	<input type="checkbox"/> MnTC
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Educational Goals: The Educational Intent you check below must match the award of the major. (please check the appropriate category)

- Earn occupational certificate/diploma Complete courses but not a degree
- Earn associate (two year) degree Complete courses and transfer without a degree
- Earn associate (two year) degree and transfer

If you do not have the program/degree listed above as your active major, the Records Office will update your records with the appropriate major. Please Note: VA form 22-1995 is required if program has changed from your original GI Bill application. (See Karla - VA certifying official. 651.779-3296)

Semester you are requesting certification: (Enter year next to semester)

Fall _____ Spring _____ Summer _____

Number of credits you plan on taking each semester: (check one)

- 1-5 6-8 9-11 12+

New veterans or veterans using benefits at Century College for the first time:

Have you attended any schools after high school prior to Century College? Yes No
(If **yes**, you must request transcripts be sent to Century College for verification to the VA. Failure to provide transcripts could result in the termination of your benefits).

I declare that I will not repeat any courses in which I have received or will receive a passing grade and that I will take only courses that are required or can be applied to the program goal which I placed on my Educational Benefits Application. I understand that the VA expects me to attend all of my classes regularly and to officially withdraw from any course I do not attend.

Student Signature: _____ Date: _____