

# V.A. Educational Benefit Certification Request

Los Angeles Harbor College

|              |              |        |          |
|--------------|--------------|--------|----------|
| NAME         | SSN          | FILE # |          |
| ADDRESS      | APT          | CITY   | ZIP CODE |
| HOME PHONE # | CELL PHONE # | EMAIL  |          |

LIST ALL COLLEGES/ INSTITUTIONS AND MILITARY SCHOOLS ATTENDED-  
(IF NONE- WRITE "NONE")

| NAME OF SCHOOL | LAST DATE ATTENDED | UNITS COMPLETED |
|----------------|--------------------|-----------------|
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Send for official transcripts from the colleges listed above before completing Veteran's Educational Plan.

I have already received the following degrees:  AA  AS  BA  BS  NONE

I will be receiving benefits under:

- Chapter 33 (Post 9-11)
- Chapter 30 (Montgomery G.I. Bill)
- Chapter 1606 (Reserve)
- Chapter 35 (Dependents)
- Chapter 31 (Voc. Rehab.)
- Chapter 1607 (REAP)

I request Los Angeles Harbor College submit the appropriate forms to the Veterans Administration (V.A.) so I may receive my veterans educational benefits. I also give LAHC permission to notify the V.A. if I change my units status or withdraw from school and to furnish other information requested by the V.A. in regards to this claim.

I understand that I am responsible for notifying the Veterans Office at LAHC immediately of any changes in my class schedule or attendance.

I realize that I may be disqualified from receiving benefits if my GPA falls below 2.0 for two consecutive semesters.

I will report to the Veterans Office at LAHC each semester after I have registered in the next semester's classes.



\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date