Veterans Educational Benefits Certification Form

PLEASE PRINT

Term _____ E-Mail Address_____

NAME_____ Rhodes ID: R _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
[ ] *check if this is a change of address*

PHONE NUMBER (home) (____)_____ (work) (_____)_____

TYPE OF BENEFIT *(circle one)* Chapter 30 (Active Duty) Chapter 33 (Post 9/11) Chapter 35 (Dependant) Chapter 1606 (Reserves) Chapter 1607 (REAP)

CURRENT MAJOR _____
[ ] check if this is a new major (if so, notify the Rhodes State V.A. Certifying Official **and** fill out a Change of Place or Program form)

COURSES THIS TERM

Note: Only those courses listed in your curriculum sheet, remedial courses, and approved substitution courses can be certified for VA benefits. The VA will not pay for a class that you are repeating, if you received a passing grade the first time, nor will they pay for you to audit a class.

CRN	SUBJECT	COURSE	SECTION	TITLE	CREDITS
29999	*ACC*	*101*	*01*	*Example Course*	*5*

Are you auditing or repeating a course?
If so, list course & reason: _____

FUTURE TERM INFORMATION

☐ I will alert the VACO IMMEDIATELY if my plans change. I understand that failing to alert the VACO of my schedule changes could result in overpayment which must be repaid. I will complete the Educational Benefits Certification Form for each future term once I have registered for them.

I certify that the courses listed above are required for my declared major **and**
I will inform this office immediately of any changes that I make to my schedule.

Students' signature _____ Date _____

Please return form to: Rhodes State College
Doris Engler, PS 165
4240 Campus Dr.
Lima, OH 45804

or fax to: (419) 995-8112
attn: Doris Engler

For office use only:	*Verified by*	*Hours*	*Date*