



Veteran's Benefits Request for Certification

Student: _____ LCC ID#: _____ Phone #: _____

By my signature below, I request to be VA certified by the LCC Office of the Registrar for the following term, catalog, major and VA Chapter:

Term requesting to be certified:

Fall 20____ Spring 20____ Summer 20____

LCC Catalog requesting to be used:

2006-2009 2009-2012 2012-2015

Major: Specify _____



If you have changed your major from a prior semester, you will need to file VA Form 22-1995 or 22-5495.

Diploma Type: Certificate Degree

Will you be graduating from LCC with the major and during the term marked above?

Yes No

If yes, you must Petition to Graduate and meet with the Registrar BEFORE you will be certified.

VA Chapter requesting to be certified under:

- Chapter 30 – Montgomery G.I. Bill
- Chapter 31 – Vocational Rehabilitation & Employment
- Chapter 33 – Post 9/11 G.I. Bill
- Chapter 35 – Dependents Educational Assistance (DEA)
- Chapter 1606 – Montgomery GI Bill – Selected Reserve
- Chapter 1607 – Reserve Educational Assistance Program (REAP)
- VRAP – Veterans Retraining Assistance Program
- Other: Specify VA Program: _____

Signature: _____

Date: _____

For Office Use Only:

Certified by: _____

Date: _____