



# 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:

2023-2024  2024-2025  2025-2026

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: \_\_\_\_\_