



321 Golf Club Road, Pleasant Hill CA 94523

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VETERANS' AFFAIRS OFFICE

REQUEST FOR VA CERTIFICATION

Term: _____

Name: _____ Veteran's SS# _____

Address: _____ Birth date: _____

City: _____ Zip: _____ Telephone: _____

DVC ID: _____ E-Mail: _____

Check only **ONE** degree objective. **The VA does not allow multiple majors.** You will be paid only for classes leading to your last degree on file.

- Certificate
- Associates
- Transfer

Major: _____

Is this a new major? Yes No

- CHAPTER 30: Veterans of Active Duty
- CHAPTER 33- Post-911 GI Bill
- CHAPTER 1606 – Reserves

- CHAPTER 31: Vocational Rehabilitation
- CHAPTER 35 – Dependents
- CHAPTER 1607 – (REAP)

COURSE NAME & NUMBER	UNITS
TOTAL UNITS REGISTERED FOR BENEFITS	

I AGREE TO INFORM THE VETERAN'S AFFAIRS OFFICE OF ANY CHANGES OF ENROLLMENT. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN ME OWING A DEBT TO THE VETERAN' ADMINISTRATION

Signature: _____ Date: _____