

## Veteran's Request for Recertification

Complete this form, print clearly for each period of certification of enrollment for which you are registered.  
 Incomplete or inaccurate data may delay processing.

|   |                             |                                   |
|---|-----------------------------|-----------------------------------|
|   |                             |                                   |
| Name _____  | Date of Birth _____         | Cuesta ID Number _____            |
| Mailing Address _____   | City _____                  | Zip Code _____                    |
| Email Address _____   | Veteran's file number _____ | Student's Social Security # _____ |
| <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> Transfer |                             |                                   |
| Educational Goal (Must match SEP) _____   |                             | Contact Phone Number _____        |

Which Chapter of educational benefits will you be using :

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapter 30               | Chapter 33               | Chapter 1606             | Chapter 1607             | Chapter 35               | Chapter 31               |
| Montgomery               | Post 9/11 GI Bill        | Montgomery               | Reserve Educational      | Dependents               | Vocational               |
| GI Bill—Active Duty      |                          | GI Bill--Selected        | Assistance Program       | Educational              | Rehabilitation           |
| VRAP                     |                          | Reserve                  | (REAP)                   | Assistance (DEA)         |                          |

Are you currently on active duty?  Yes    No

Have you attended any other college, school, or training establishment?  Yes    No (skip to next block)  
 If yes, how many total credits have you completed?   Semester Units: \_\_\_\_\_   Quarter Units: \_\_\_\_\_

Have you used your Veteran's educational benefits previously?  Yes    No (skip to next block)  
 If yes, at which school did you use them most recently? \_\_\_\_\_  
 If yes, and you were not at Cuesta, have you completed a *Request for Change of Program or Place of Training* form?  
 Yes, form completed and submitted online    Yes, signed form is attached or previously submitted    No  
 Note: Certification will not be processed if *Request for Change of Program or Place of Training* form has not been completed

Are you enrolled concurrently at another institution?  Yes    No (skip to next block)  
 If yes, what is the name of the institution? \_\_\_\_\_  
 If Cuesta is not the school where you plan on receiving your degree, you must have a Letter 315 (parent-school letter) sent from your degree-granting institution. Have you requested that letter from your other school?  
 Yes    No   (Note: Certification will not be processed until parent-school letter is received)  
 If Cuesta is the school where you plan on receiving your degree, you must request a Letter 315 (parent-school letter) be sent from the Cuesta Veteran's Office to the other school you are currently attending.

| Requesting Certification for Semester/Year:   Fall _____   Spring _____   Summer _____   Other: _____ |        |                 |                  |                |       |
|---|--------|-----------------|------------------|----------------|-------|
| *****You will only be certified for courses listed on your Student Education Plan (SEP)*****          |        |                 |                  |                |       |
| CRN#  | Campus | Start/End Dates | Subject & Number | Length (weeks) | Units |
|   |        |                 |                  |                |       |
|   |        |                 |                  |                |       |
|   |        |                 |                  |                |       |
|   |        |                 |                  |                |       |
|   |        |                 |                  |                |       |

Please read, complete, and sign the back of this form

**READ CAREFULLY BEFORE SIGNING:**

1. I have read and I fully understand my responsibility to the Veterans Administration and to Cuesta College to maintain satisfactory attendance and progress standards as outlined in the Veterans Bulletin and the Cuesta College Catalog. I have received a copy of the Veterans Bulletin.
2. I fully understand my responsibilities to notify the Cuesta College Veterans Office of any changes in my educational status, (increase/reduction of credits) and that documentary evidence must accompany mitigating circumstances.
3. I assume full financial and legal responsibility for the appropriateness of courses to my program. I also understand that I cannot repeat any course for VA pay unless specifically approved in advance of registration.
4. I authorize the Cuesta College Veterans Office to disclose information necessary to the development of my claim and educational benefits to the Veterans Administration and/or to the County Veterans Service Office.
5. I have read and fully understand the Privacy Act of 1974 (Public Law 93-579)
6. I have on file or have requested all previous transcripts from all educational institutions attended including military evaluation.
7. I understand to be certified I must have a Student Education Plan (SEP) in my file.
8. I understand that VA assistance is not authorized for any course in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Active Duty Tuition Assistance, Government Employees' Training Act, Department of Health and Human Services, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only**

Ch. 33 Credit Hours: \_\_\_\_\_ Distance Hours: \_\_\_\_\_ R/D Hours: \_\_\_\_\_ Tuition: \_\_\_\_\_ Fees: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**In addition to your Veteran's benefits, Federal and State financial aid may also be available. You can apply online at [www.fafsa.gov](http://www.fafsa.gov) or check with the Veteran's Office for additional information.**