



Del Mar College – Veterans Services

Veteran Intent to Enroll Form/Request for Certification

INSTRUCTIONS: This form must be submitted by the student **AFTER REGISTRATION** has been completed for **EVERY semester** VA enrollment certification is requested.

SECTION 1: STUDENT INFORMATION Student ID: _____ Student SSN ____ -- ____ -- _____

Full name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Preferred E-mail Address _____

SECTION 2: BENEFITS INFORMATION

GI Bill Benefit eligible for (please check to specify):

- Chapter 30 – Montgomery GI Bill Active Duty? Yes No
- Chapter 31 – Vocational Rehabilitation (Voc Rehab)
- Chapter 33 – Post 9/11 GI Bill Active Duty? Yes No Post-9/11 Percentage _____%
- Chapter 35 – Dependents Educational Assistance (DEA), VA Claim No. _____ (Veteran's SSN)
- Chapter 1606 – Montgomery GI Bill-Selected Reserve
- Hazlewood Exemption

Stacking with Hazlewood? Yes *

*Please attach appropriate HA application.

SECTION 3: ACADEMIC INFORMATION

Degree Objective: Associate Certification Change of degree plan? Yes* No

Degree Plan: _____

**Note: All courses of study require an updated degree plan and all classes or course work must be specifically listed in this degree plan.*

Indicate the number of hours registered for semesters below:

FALL _____ hrs SPRING _____ hrs MAYMESTER _____ hrs

SUMMER I _____ hrs SUMMER II - _____ hrs YEAR _____

READ BEFORE SIGNING: I certify that I am a current student that qualifies for the Veterans Education Benefit selected and that I have time remaining on my benefits to cover the upcoming semester. I understand that I will only receive benefits for courses required to complete my degree. **PRIOR TO ANY SCHEDULE CHANGES, I WILL NOTIFY VETERANS SERVICES if I am considering to add/drop/withdraw from any or all my classes.** I understand that listing false information may result in the reduction or loss of my benefits. I will not attempt to get VA benefits for courses which I have received credit in ("D" is considered passing). I understand that I cannot repeat a grade of an "I" (incomplete) until after the following semester. If I withdraw from one or more courses the VA will reduce my benefits on the date of reduction or withdrawal. I understand that I must maintain at least a 2.0 GPA each semester. **I may have to repay all benefits for the course(s) dropped unless I can prove to the VA that the change was due to mitigating circumstances.**

Signature: _____ Date: _____

Return this form to the Veterans Services.