EVERGREEN
VETERANS FREEDOM CENTER

Class Certification Form

Please complete this form after you register for classes and send to evcvet@evc.edu. Any errors or discrepancies will result in a delay in certification processing.

★★★

Name: _____ EVC Student ID #: _____ VA File # (Dependents): _____

Phone Number: _____Email Address: _____

Chapter: □ 30 (Active-Duty Montgomery GI Bill®) □ 31 (Vocational Rehab) □ 33 (Post 9/11) □ 1606 (Reservist) □ 35 (Dependent)

Are you planning to receive a degree (AA, AS, AS-T, AA-T, etc.) from EVC? □ Yes □ No

If you answered "Yes" above, please select your degree type: □ AA □ AS □ AA-T □ AS-T □ Certificate of Achievement

If you answered "No" above, please select the following option: □ Transfer Degree/Transfer School: _____

Degree on your Ed Plan*: _____ Most Recent Ed Plan Date: _____

The degree on your Ed Plan MUST match with this form. If you are unsure of your degree, please call our office to confirm the degree on your Ed Plan. Failure to report the correct degree will result in a delay in the certification process

(If applicable) Please state any colleges you are concurrently enrolled in: _____

Student Status: □ New Student □ Continuing Student □ Returning Student (after 2-semester break)

Have all prior official transcripts been submitted to Admissions and Records? □ Yes □ No □ Pending □ Not Applicable

State the semester you are certifying enrollment (choose one): □ Winter □ Spring □ Summer □ Fall Term Year: _____

List all the courses you are enrolled in for the semester below (**these must match your Ed Plan**):

Campus Ex. "EVC"	Course Ex. "Math 025"	Section Ex. "202"	Units Ex. "6"	Subject Ex. "Math"	In-Person, Online, Hybrid Ex. "In-Person"	Waitlist Ex. "No"

Total Units: _____

Effective August 1, 2009: Students whose enrollment was exclusively distance learning training (online) were not eligible for the full monthly housing allowance (MHA)

Please read and check off the boxes below. Failure to do so will invalidate this form.

□ I certify that the above information is correct.

□ I am aware that the VA will only pay for classes that are on my Ed Plan (planned and approved by a counselor).

□ I will immediately notify VFC of any changes that I make to this form.

□ I am a liable for any overpayment that may occur due to enrollment errors, or failure to report changes.

□ I acknowledge that by submitting the required paperwork in advance will ensure timely processing of my monthly housing allowance.

Signature: _____ *Date*: _____

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at http://www.benefits.va.gov/gibill.