

Name _____ ID # _____

Date Initiated: _____ Completed: _____

Need Done

Certification Checklist

<input type="checkbox"/>	<input type="checkbox"/>	VA Eligibility for Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Ed Plan
<input type="checkbox"/>	<input type="checkbox"/>	Orientation
<input type="checkbox"/>	<input type="checkbox"/>	DD214
<input type="checkbox"/>	<input type="checkbox"/>	Official Transcripts
<input type="checkbox"/>	<input type="checkbox"/>	Request for Change of Program or Place of Training (22-1995)
<input type="checkbox"/>	<input type="checkbox"/>	AB13 (VACA) Affidavit for Eligible Veterans
<input type="checkbox"/>	<input type="checkbox"/>	Class Certification Form

Bring Documents to Gullo II

Notes: _____