



### Certification Request

New Student \_\_\_\_\_ or Continuing Student \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Student SSN \_\_\_\_\_ Veteran SSN (if applicable) \_\_\_\_\_

POS \_\_\_\_\_ Year \_\_\_\_\_

Term: Year- 20\_\_      Fall                  Spring                  Summer

Course Subject	Course Number	Section Number	Course Start Date	Course End Date	Credit Hours	Mode	Which Benefit to Certify for Course
ENGL	1301	40001	MM/DD/YYYY	MM/DD/YYYY	3	<input type="checkbox"/> Lec <input type="checkbox"/> INET	CH. 33
						<input type="checkbox"/> Lec <input type="checkbox"/> INET	
						<input type="checkbox"/> Lec <input type="checkbox"/> INET	
						<input type="checkbox"/> Lec <input type="checkbox"/> INET	
						<input type="checkbox"/> Lec <input type="checkbox"/> INET	
						<input type="checkbox"/> Lec <input type="checkbox"/> INET	

\_\_\_\_\_ I understand that my military educational benefits may be affected if any information provided to Eastfield College is inaccurate or incomplete and authorize Eastfield College to release all school and other records, as necessary to the Veterans' Administration for use in the counseling and supervising of my academic program.

\_\_\_\_\_ I understand that in order to receive my benefits/award through Eastfield College, I must be actively pursuing a degree and/or certificate that can be completed and awarded at Eastfield College.

\_\_\_\_\_ I understand that it is my responsibility to provide Eastfield College with all required paperwork as well as submit a certification request form **every semester** that I plan to receive any educational benefits/awards.

\_\_\_\_\_ I understand that if at any time I have exhausted my benefits or am no longer eligible to receive my benefits/award based on but not limited to academic progress, standing, or excess hours, it is my responsibility to pay for any tuition, fees, and/or monies associated with my course enrollment.

\_\_\_\_\_ I understand that I must provide all college transcripts and military transcripts to DCCCD EFC for evaluation.

\_\_\_\_\_ I have received and read and understand the EFC CEVSS Policy and Procedures.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date