



Proven.

Veteran Request for Certification

Educational Benefits

(IF FAXING USE THIS PAGE AS THE COVER SHEET)

PAGE 1 OF _____

NAME _____ BLINN I.D. _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ Birth Date _____

PLEASE CHECK THE EDUCATIONAL BENEFIT YOU ARE REQUESTING TO USE — *submit for each semester!*

- Chapter 30 (MGIB):** Entered Active Duty after June 1985
- Chapter 31 (VOC REHAB):** Vocational Rehabilitation and Employment Program .
- Chapter 33/ Post 911: Veteran /** Honorable Service after Sep. 10, 2001 (**Percentage**) _____
- Chapter 33/Post 911: Dependents. (Percentage):** _____
- Chapter 35:** Dependents of Veterans who are 100% Disabled or Deceased (Service Connected).
- Chapter 1606:** Select Reservist or National Guard in A Satisfactory Drill Status.
- Chapter 1607 / R.E.A.P. :** Active Reservist / Guardsmen after 09/10/01 (A.D. 90 days)
- Hazlewood Act:** Texas Veterans (Chapter 31 and Chapter 33 100%, not eligible).
- Hazlewood Act:** For Dependents of Texas Veterans

FALL
 WINTER - MINI
 SPRING
 MAY- MINI
 SUMMER I
 SUMMER II

| | | | | | |
|---|----------------------------------|------------------------------------|---|----------------|---------------|
| 8 WEEK 1 2 <input type="radio"/> <input type="radio"/> | 12 WEEK <input type="radio"/> | FULL TERM <input type="radio"/> | SUMMER 10 WEEK <input type="radio"/> | PROGRAM: _____ | CREDIT HOURS: |
| | | | | MAJOR: _____ | |

Instructions: Please read and initial the following statements:

- _____ I UNDERSTAND THE SATISFACTORY ACADEMIC PROGRESS POLICY AT BLINN COLLEGE APPLIES TO ALL FEDERAL, STATE AND INSTITUTIONAL AID, INCLUDING FEDERAL AND STATE LOAN PROGRAMS, SPECIFICALLY STUDENTS USING THE HAZLEWOOD ACT. (<http://www.blinn.edu/finaid/standard.html>)
- _____ I UNDERSTAND THAT THE COURSES THAT I AM REQUESTING CERTIFICATION FOR ARE PART OF MY CURRENT DEGREE PLAN, EXCEPT AS NOTED, AND THAT I AM RESPONSIBLE FOR THE COST OF ANY COURSES THAT DO NOT FALL WITHIN THE PARAMETERS OF MY CHOSEN DEGREE PLAN.
- _____ I UNDERSTAND THAT I MUST BE REGISTERED IN ORDER FOR THE BLINN COLLEGE VETERAN SERVICES OFFICE TO PROCESS MY CERTIFICATION WITH THE DEPARTMENT OF VETERAN AFFAIRS OR HAZLEWOOD BENEFITS.
- _____ I WILL NOTIFY THE VETERAN SERVICES OFFICE EACH SEMESTER I REGISTER, DROP CLASSES, OR WITHDRAW MY ENROLLMENT.
- _____ I UNDERSTAND I AM RESPONSIBLE FOR ALL CHARGES NOT EXPLICITLY COVERED BY THE VA OR OTHER VETERAN BENEFITS (HAZLEWOOD)
- _____ I AM AWARE THAT THERE ARE ACADEMIC ADVISORS AVAILABLE SPECIFICALLY FOR VETERANS USING EDUCATIONAL ASSISTANCE.

By signing below, I acknowledge that I have read and understand the terms of this certification request.

Signature: _____ Date: _____