

# REQUEST FOR CERTIFICATION OF VA BENEFITS

Last Name \_\_\_\_\_ First \_\_\_\_\_ JC ID# Or SSN \_\_\_\_\_

Major \_\_\_\_\_ ☐ Please check if you have changed your major

Student Address\* \_\_\_\_\_

\*If this is a new address, you must fill out an address change form with the Registrar's Office

Email address and phone \_\_\_\_\_

Select Semester ☐ Fall ☐ Intercession ☐ Winter ☐ Spring ☐ Summer ☐ 20\_\_\_\_\_

## Chapter

☐ Chapter 33 (Post 9/11 GI Bill)

☐ I am a veteran/service member ☐ I am a dependent of the veteran/service member (transferred benefits)

☐ Chapter 30

☐ Active Duty

☐ Chapter 31 (please check with your VA counselor for course approval)

☐ Chapter 35 (Survivors & Dependents Educational Assistance)

☐ Chapter 1606 (Active Selected Reserves/National guard)

## STATUS

☐ New VA claimant ☐ Continuing student at Johnson College ☐ Transfer student (if you ever attended another college)

## STUDENT ACCOUNTABILITY STATEMENT

I am responsible for payment of all tuition and fees that my VA benefits do not cover. I understand that I must immediately notify the College VA Certifying Official of any changes made to my class schedule (**i.e. add, drop, withdrawal, change of major, course cancellation, etc.**). Failure to notify the Certifying Official may result in me owing the VA for an overpayment. I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to the college on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email form [lrenda@johnson.edu](mailto:lrenda@johnson.edu)

Drop off form at  
Johnson College; Moffat Student Center; Resource Center;  
Attn: Dr Natalia Melgarejo

Mail form  
Johnson College  
3427 North Main Avenue  
Scranton, PA 18508  
Attn: Liz Renda

