

## **Class Certification Form**

<u>New Students</u>: Submit ALL documents listed in the Veterans Benefits Certification Instructions along with a completed Class Certification Form (CCF) and approved Ed Plan to eileen-prince@scusd.edu

<u>Returning/Continuing Students</u>: Submit Class Certification Form (CCF) with approved Ed Plan to eileen-prince@scusd.edu at the beginning of the program year.

Veterans Certification of Benefits <u>deadline</u> is listed on the Academic Calendar.

* *	***	****	***	* * * * <sup>1</sup>	***	*****	******	***
ame	2:			CAJ St	tudent I	D #:	Dependents) VA File #:	
hone	e Number:			Email /	Address:			
hapt	ter: 🗆 30 (Act	ive Duty Montgon	nery GI Bill) 🗆 3	31 (Vocation	nal Rehab)	□ 33 (Post 9-11) □	□ 1606 (Reservist) □ 35 (Depende	nt)
-		Certificate of Co	-			M	ost Recent Ed Plan/Date:	
ude	ent Status: 🗆	New student [	Enrolled at 0	CAJ Previo	us Block	□ Returning to C	AJ)	
ease	e state any co	olleges you are	concurrently  * * * * *  at ( <u>Choose or</u>	/ enrolled  ★ ★ ★  ne): □ Win	in (if app ★ ★ ★ ter □ Sp	<b>★★★★★</b>	<b>★★★★★★★★</b> □ Fall Term Year:	***
			List all cours	ses that yo	ou are ta	king for the term	below:	
	Campus	Course	Reg ID	Section	Clock Hrs	Subject Area	In-Person, Online or Hybrid	Waitlist
_	CAJ	ABE 0203	2402	2021	6	Math (Sample)	In-Person	Yes
F								
				Total (	Clock ho	urs:		
Effe	ctive August 1	, 2023. Students	whose enrolln				training were not eligible for the	
			<u>Ve</u>	teran Educ	ation Ber	efits certification		
l am I wili	aware that I immediatel		pay for class any changes	ses that ai that I mal	ke to my	Class Certificatio	n Form lure to report changes.	
	Signature: _						Date:	