



# Request for VA Education Benefits Certification

Veterans Resource Center FA 3rd Fl Room 300 ♦ Ph (310) 287-4370 ✉ email: veteran@wlac.edu

|                       |                        |                         |                        |                   |  |
|-----------------------|------------------------|-------------------------|------------------------|-------------------|--|
| Last Name             |                        | First Name              |                        | Branch of Service |  |
| LACCD ID number<br>88 | LACCD ID number<br>900 | LACCD ID number<br>9000 | Social Security Number |                   |  |

|                 |      |          |
|-----------------|------|----------|
| Mailing Address | City | Zip Code |
|-----------------|------|----------|

|                      |                        |
|----------------------|------------------------|
| Contact Phone Number | Personal Email Address |
|----------------------|------------------------|

|                        |                                                                                                       |
|------------------------|-------------------------------------------------------------------------------------------------------|
| Major/Program of Study | <input type="checkbox"/> AA/AS <input type="checkbox"/> Transfer <input type="checkbox"/> Certificate |
|------------------------|-------------------------------------------------------------------------------------------------------|

VA Education Benefit (Select One)

Chapter 30: Montgomery GI Bill
  Chapter 31: Vocational Rehabilitation  
 Chapter 33: Post 9/11 GI Bill
  Chapter 33: Post 9/11 GI Bill (TOE) Transfer of Entitlement  
 Chapter 1606: Selected Reserve
  Chapter 1607: Reserve Education Assistance Program (REAP)  
 Chapter 35: Dependents Educational Assistance/VA File Number: \_\_\_\_\_

**ONLY CLASSES REFLECTED ON YOUR EDUCATIONAL PLAN WILL BE CERTIFIED FOR VA BENEFITS**

Winter 2023
  Spring 2023
  Summer 2023
  Fall 2023

| Class Schedule | Units | Online Class |    | Class Start Date | Class End Date |
|----------------|-------|--------------|----|------------------|----------------|
|                |       | Yes          | No |                  |                |
|                |       | Yes          | No |                  |                |
|                |       | Yes          | No |                  |                |
|                |       | Yes          | No |                  |                |
|                |       | Yes          | No |                  |                |
|                |       | Yes          | No |                  |                |

**COURSE(S) TAKEN AT SECONDARY SCHOOL**

| Course | Units | School Name |
|--------|-------|-------------|
|        |       |             |
|        |       |             |
|        |       |             |

**STUDENT OBLIGATIONS - PLEASE READ CAREFULLY AND INITIAL:**

- I understand that I must submit an Request for VA Benefits Certification form each term I wish to use my VA educational benefits.
- I understand that I must be pursuing a program of study and make satisfactory progress toward completion of an educational goal as prescribed by West Los Angeles College and VA regulations. Failure to maintain satisfactory progress may result in discontinuing of education benefits.
- I understand that course(s) listed above must also be listed on my Comprehensive Student Educational Plan (CSEP)
- I understand that I must report any changes in my enrollment to West Los Angeles College Veterans Office.

**I authorize West Los Angeles College Veterans Office to certify my enrollment to the Department of Veterans Affairs for the semester indicated above.**

|                           |      |                     |      |
|---------------------------|------|---------------------|------|
| Student Veteran Signature | Date | Counselor Signature | Date |
|---------------------------|------|---------------------|------|



