



# Request for VA Education Benefits Certification

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

Last Name		First Name		Branch of Service	
LACCD ID number 88	LACCD ID number 900		LACCD ID number 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)					
<input type="checkbox"/> Chapter 30: Montgomery GI Bill		<input type="checkbox"/> Chapter 31: Vocational Rehabilitation			
<input type="checkbox"/> Chapter 33: Post 9/11 GI Bill		<input type="checkbox"/> Chapter 33: Post 9/11 GI Bill (TOE) Transfer of Entitlement			
<input type="checkbox"/> Chapter 1606: Selected Reserve		<input type="checkbox"/> Chapter 1607: Reserve Education Assistance Program (REAP)			
<input type="checkbox"/> Chapter 35: Dependents Educational Assistance/VA File Number: _____					
<b>ONLY CLASSES REFLECTED ON YOUR EDUCATIONAL PLAN WILL BE CERTIFIED FOR VA BENEFITS</b>					
<input type="checkbox"/> Winter 2024 <input type="checkbox"/> Spring 2024 <input type="checkbox"/> Summer 2024 <input type="checkbox"/> Fall 2024					
Class Schedule	Units	Online Class		Class Start Date	Class End Date
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
<b>COURSE(S) TAKEN AT SECONDARY SCHOOL</b>					
Course	Units	School Name			
<b>STUDENT OBLIGATIONS - PLEASE READ CAREFULLY AND INITIAL:</b>					
<input type="checkbox"/> I understand that I must submit an Request for VA Benefits Certification form each term I wish to use my VA educational benefits.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> I understand that course(s) listed above must also be listed on my Comprehensive Student Educational Plan (CSEP)					
<input type="checkbox"/> 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		Processed by SCO      Date	