



**Veterans Certification Request:**

The completion of this form authorizes Cox College Veterans Certifying Official to provide required information and to certify your enrollment at Cox College for a specified semester to the U.S. Department of Veterans Affairs (DVA). This form must be submitted to the Cox College Veterans Certifying Official each semester you plan to attend Cox College and receive VA benefits. **Please complete the form and email to:** [beverly.reichert@coxcollege.edu](mailto:beverly.reichert@coxcollege.edu)

Name \_\_\_\_\_  
First middle initial Last

Address \_\_\_\_\_

Additional address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Chapter: (select one from drop down menu)**

NOTE: Chapters 30, 1606 and 1607 must report school attendance to the DVA at the end of each month in order to receive payment. You may report by phone: 1-877-823-2378 or online: <http://www.gibill.va.gov>.

NOTE: Students requesting Military Tuition Assistance should do so directly through the DVA.

Type of Training: (select one from drop down menu)

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Semester Credit hours eligible for certification: \_\_\_\_\_

Application Status: (select one from drop down menu)

Select the Semester: (select one from drop down menu)

Select the year:

Has your degree program/major and/or place of training/school changed since your last certification request?

Yes      No

Identify the changes noted: \_\_\_\_\_

Do you have a Certificate of Eligibility or NOBE (Notice of Basic Eligibility/Guard and Reserves) on file with the Cox College VA Certifying Official (Registrar)?

Yes      No

Student Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The dollar amount of G.I. Bill Educational benefits is affected by dropping or adding classes; enrolling in an unauthorized repeat of a class; enrolling in classes that do not fulfill general education or program requirements in your degree.

**Please read the following carefully and submit the form:**

1. I must attend class and make satisfactory progress.
2. It is my responsibility to notify the Cox College VA Certifying Official if I make changes to my class load.
3. I will provide information to the Office of Financial Aid regarding my veteran status, category and monthly rate of pay.
4. I will **verify** my attendance each month @ (1-877-823-2378) or [www.gi/bill/gov/wave/](http://www.gi/bill/gov/wave/) (applies to: Chapters 30, 1606, and 1607).
5. If I have questions regarding my VA eligibility or payment amounts, I should call the DVA at 1-888-442-4551
6. I will submit a Cox College Veterans Certification Request each semester I wish Cox College to certify my enrollment.

**By submitting this form I am requesting Cox College to certify my enrollment to the VA.**