This form is to be used solely for the purpose of course certification for Veterans Affairs Educational Benefits.
In order to receive VA Educational Benefits, I understand and agree to the following conditions:

1. I will receive benefits only for those courses within my program of study (or pre-requisites).

2. I may receive benefits while repeating a course only if it is required for my course of study and I have not previously completed the course with the minimum grade required by my program.

3. I will report all adds/drops/withdrawals/class cancellations and changes of program to the Veterans Advisor immediately by submitting a Certification Adjustment Form and my new class schedule.

4. I understand that the following may affect the monthly dollar amount of educational benefits:
   a. Adding or dropping a class
   b. Enrolling in a class that does not apply to my degree program
   c. Enrolling in classes with various beginning and ending dates such as 8 week or 4 week classes.
   d. Enrolling in all online or hybrid classes.

5. I understand that the basic housing allowance for exclusively online students is half the national average for BAH for an E-5 with dependents.

6. I need to verify my attendance every month before payment is issued if I am receiving one of the following benefits: MGIB Chapter 30, MGIB Selected Reserve Chapter 1606, or REAP Chapter 1607.

Name: ______________________________________ Student ID Number:  __________________
Program of Study:  _________________________Chapter _______     Semester:  ____________
Student Signature: _____________________________________       Date:  __________________
Contact Phone Number: _____________________ Email: ________________________________

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<thead>
<tr>
<th>Subject</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Distance Learning Course</th>
<th>Developmental Course</th>
<th>Number of Credits</th>
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Veterans Services Use Only

SCO:  
Date:  