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Enrollment Certification Request for Veteran/Military Benefits

*This form must be submitted to the Certifying Official each semester to be certified for benefits.

I. Personal Information						
First/Last Name	EMPLID					
II. Academic Information						
Are you a new student at John Jay? Yes No						
Degree Bachelor Masters Certificate Major						
Major Specialization or Concentration(s)						
III. Enrollment Certification Information						
1. Please select your current br	anch of service					
Air Force	Ma	rine Corps				
Army	ArmyNav					
Coast Guard						
Are you currently serving Activ	e Duty?Yes	No				
2. Please select benefit(s) requ	ested					
Chapter 30 – Montgomery GI Bill® AD		Chapter 1606 – Reserve/National Guard				
Chapter 31 – Veteran Readiness and		RIRP/Naval Militia				
Employment (VR&E)		Federal Tuition Assistance				
Chapter 33 – Post 9/11		NYS Veterans Tuition Award				
Chapter 33 – STEM Scholarship		MYCAA Scholarship				
Chapter 35 – Survivors' & D Assistance	Dependents'					
3. Academic year	Check semester(s) you	are enrolled and wish to be certified				
Summer 3 week Session 1	Summer 8 week Sessio	n 1Winter				
Summer 3 week Session 2	Fall Regular Session	Spring Regular Session				
Summer 3 week Session 3	Fall 8 Week Session 1	Spring 8 Week Session 1				
Summer 5 week Session 1	Fall 8 Week Session 2	Spring 8 Week Session 2				
Summer 5 week Session 2						

Course Name	Course Number	Course Section	Number of Credits	In-Person/ Online
Ex. Psychology	101	02	3	In-Person

4. Please indicate your course(s) below: (attached a separate sheet if additional space is needed)

IV. Student Affirmation

Initial each line to indicate that you have read and understand your responsibilities for certification.

- I hereby request that the School Certifying Official (SCO) submit my enrollment information, as indicated on this form, to the Department of Veterans Affairs (VA).
 - I understand that the SCO is responsible for notifying the VA promptly of any changes I make to my enrollment and that I, John Jay College, or both, may become liable for Tuition, fees and/or overpayments as a result of these changes.
- I understand that I must notify the SCO immediately if I drop, withdraw or stop attending classes as it may affect my enrollment certification.
- I certify that the above listed class(es) are required for my program of study as listed on Degree Audit at the time of signing this form.
- I understand that I must be meeting satisfactory academic progress requirements toward my program of study and that the SCO is responsible to promptly adjust or amend my enrollment certification and report to the VA my lack of progress thereof.
- I understand that if I utilize the VA's one-time "Round Out" policy, I can only do so if I am enrolled in my graduating semester, have applied for graduation, and I must complete all required courses certified under this policy. (Note, students using VR&E must speak with your VA Counselor).

____ I understand that if I am using Chapter 30 or Chapter 1606, that I must report my attendance to the VA each month online at: <u>https://www.gibill.va.gov/wave/index.do</u>

* Please contact the Certifying Official for specific questions related to your benefit(s) and COVID-19

Student Signature _____

Date