Office of Veteran Services Veteran/Dependents Request for Certification 2020-2021



STUDENT INFORMATION					
Student Name:	Student ID:	Student ID:			
Student Address:	Student Date	Student Date of Birth:			
City, State, Zip:	Student Email	Student Email:			
Student Phone:	Student Socia	Student Social Security #:			
 This form must be completed by the Veteran or Dependent at registration each semester. When changes are made to the student's schedule before school begins and/or during the Add/Drop period for the semester. Students must have a current schedule prior to request for certification submission. 					
Γerm: □ Fall □ Spring □ Summer Year:					
Degree Plan to be Certified:					
Changing Major?					
FAFSA: Yes No	o: Yes No				
VA Work-study App: Yes No		inancial Aid Work-study App: Yes No			
Financial Aid Suspension? Yes No Academic Probation? Yes No					
By my signature: I certify I plan to attend Grayson College and that I will enroll in classes on my Degree Plan filed with my SCO (School Certifying Official). I understand the VA will hold me responsible for any overpayment of my educational benefits as a result of dropping/withdrawing from courses, non-attendance, withdrawing from GC, etc. I have signed and will adhere to the attendance policy. I understand the SCO will certify my classes only after I have turned in all required paperwork and only for courses on the Degree Plan approved for Veteran Education Benefits. I understand I MUST report any changes to my class schedule to my SCO throughout the semester/term. I certify the information above is true and correct.					
Student Printed Name: Student Signature:			Da	te:	
FOR VETERAN SERVICES OFFICE USE ONLY					
		Dist. Hrs R/D Hrs Clock Hr		T&F	
Gov. SAP: Good / Warn / AP / Susp.	Ins. SAP: Good /	Warn / Prob			
CAMSs Verify: Y / N			C.		
CAMSS Verify: Y / N Cert. Submit: Y / N Grades po	osted. 1 / IN	Total Credit:	ျ	preadsheet: Y / N	

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