

For Official Use Only

Date Received: _____

Cert. Completed: _____

Comments: _____



American Samoa Community College
VA Services Office

Division of Student Services

PO Box 2609 Pago Pago, AS 96799

684-699-2722, x2002 ascvstudentservices@amsamoa.edu

VA ENROLLMENT REQUEST CERTIFICATION FORM

SEMESTER: ☐ Fall ☐ Spring ☐ Summer YEAR: _____

STUDENT INFORMATION:

Print Name (Last, First, Middle): _____ Social Security #: _____

Cell Phone: (____) _____ Email: _____

Mailing Address: _____

SELECT CHAPTER YOU ARE CLAIMING:

- ☐ CH 30 (Montgomery GI Bill) ☐ CH 31 (Vocational Rehabilitation) ☐ CH 35 (Dependents) - VA File # _____
☐ CH 33 (Post 9/11 – Veteran) ☐ CH 33 (Post 9/11 – ToE)
☐ CH 1606 (MGIB – Select Reserves)

DEGREE & MAJOR INFORMATION:

Continuing ASCC students ONLY – Is this a change in degree program since your last certification? ☐ YES ☐ NO

If YES, then please attach VA Form 22-1995 (for Veterans) & VA Form 22-5495 (for Dependents).

Degree Objective: ☐ AA ☐ AS ☐ BEd ☐ Certificates Major: _____

Cumulative Grade Point Average: _____ (NOTE: Less than 2.00 must be reported to VA)

CHECK IF ANY OF THE FOLLOWING APPLY

- ☐ I am currently on Active Duty ☐ I am receiving Federal Financial Aid
☐ I am a transfer student (Please attach VA Form 22-1995 for Veterans & VA Form 22-5495 for Dependents)
☐ This is my first enrollment certification (Please attach your COE, VONAPP confirmation, or VA Form 22-1905)
☐ I am graduating this semester

COURSE ALPHA	START DATE	END DATE	CREDITS	REQUIRED? Y / N	REPEAT? Y / N

Name of Academic Advisor: _____

By signing this form, I declare that the information I have provided is accurate. I confirm that all of the above courses are required for my degree program and deem eligible for VA certification. It is my responsibility to promptly notify the ASCC VA School Certifying Official of any changes to my class registration/credit hours (adds/drops/withdrawals). I understand that if I fail to report a drop or fail a class will result in owing an overpayment to VA. I further understand that I will complete an enrollment verification form every semester I wish to use my education benefits.

Student Signature: _____

Date: _____