



Veterans Education and Training (VET) Center
 Bill Brod Community Center CC100
 19600 Molalla Ave
 Oregon City, OR 97045
 Phone: 503-594-3438
 Fax: 503-650-6654
 vetinfo@clackamas.edu
www.clackamas.edu/veterans
<https://www.facebook.com/cccvetcenter>

VA Educational Benefits
Request for Certification:

Select Benefit Chapter: _____ Term/Year: _____ Number of Credits: _____

Name: _____ Student ID#: _____

Address: _____ Phone #: _____

Declared Program/Major: _____ Catalog Year: _____

_____ Have you printed a copy of your academic evaluation (required every quarter for advising)?

_____ Have you printed a copy of your class schedule (required every quarter for advising)?

_____ Are any <100-level classes on your schedule "hybrid," distance, repeated, or remedial?

Course #	Section	Course dates	Course Title	# of Credits	Applies to degree?

Advisor signature verifies that the above courses apply to the student's declared degree.

Advisor Name: _____ Advisor Signature: _____

I understand I must inform CCC Veterans Services of ANY changes after this form has been submitted.

Student Signature: _____ Date: _____

******Please read and complete the entire form. Incomplete forms will not be certified.***