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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 branch of service

- Air Force Marine Corps
 Army Navy
 Coast Guard

Are you currently serving Active Duty? Yes No

2. Please select benefit(s) requested

- | | |
|---|--|
| <input type="checkbox"/> Chapter 30 – Montgomery GI Bill® AD | <input type="checkbox"/> Chapter 1606 – Reserve/National Guard |
| <input type="checkbox"/> Chapter 31 – Veteran Readiness and Employment (VR&E) | <input type="checkbox"/> RIRP/Naval Militia |
| <input type="checkbox"/> Chapter 33 – Post 9/11 | <input type="checkbox"/> Federal Tuition Assistance |
| <input type="checkbox"/> Chapter 33 – STEM Scholarship | <input type="checkbox"/> NYS Veterans Tuition Award |
| <input type="checkbox"/> Chapter 35 – Survivors’ & Dependents’ Assistance | <input type="checkbox"/> MYCAA Scholarship |

3. Academic year _____ Check semester(s) you are enrolled and wish to be certified

- | | | |
|--|--|--|
| <input type="checkbox"/> Summer 3 week Session 1 | <input type="checkbox"/> Summer 8 week Session 1 | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Summer 3 week Session 2 | <input type="checkbox"/> Fall Regular Session | <input type="checkbox"/> Spring Regular Session |
| <input type="checkbox"/> Summer 3 week Session 3 | <input type="checkbox"/> Fall 8 Week Session 1 | <input type="checkbox"/> Spring 8 Week Session 1 |
| <input type="checkbox"/> Summer 5 week Session 1 | <input type="checkbox"/> Fall 8 Week Session 2 | <input type="checkbox"/> Spring 8 Week Session 2 |
| <input type="checkbox"/> Summer 5 week Session 2 | | |

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

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

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: <https://www.gibill.va.gov/wave/index.do>

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

Student Signature _____ **Date** _____