



Butte College Veterans Services
3536 Butte Campus Drive, Oroville, CA 95965
Phone: (530) 895-2566
E-mail: veterans@butte.edu

OFFICIAL USE ONLY

CERTIFICATION REQUEST

STUDENT INFORMATION (PLEASE PRINT)

Last Name:	First:	M.I.:
Phone:	Student ID#	
Program of Study:	☐ AA\AS	☐ AS\T
	☐ BS\BA	☐ Certificate
Chapter of benefits using:		
☐ 33 Post 9/11	☐ 35 Dependents	☐ 31 VR&E
☐ 30 Montgomery	☐ 1606 Reserve/Guard	
Are you an out-of-state student?		YES ☐ NO ☐
Are you sponsored? (Academy Only)		YES ☐ NO ☐
Semester:	☐ Fall	☐ Spring
	☐ Summer	☐ Winter
A separate Request Form is required for each semester		

Course Abbreviation & Number (STAT C1000, ENGL C1000)	Units	Waitlist Class	Start Date	End Date	OFFICIAL USE ONLY	
					Area	Initials
		☐				
		☐				
		☐				
		☐				
		☐				
		☐				

DISCLAIMER AND SIGNATURE

- It is my responsibility to check my grades at the end of the semester to ensure the grades have been posted accurately
- I have read/understand Butte College's **7 DAYS TO PAY** Policy and will verify exemption after submitting CRF (the following day)
- I must submit a Certification Request Form **EVERY** semester after registering
- I understand **4-8 weeks** is the standard processing time for VA education benefits
- I will promptly notify Butte College Veterans Services of any changes to my class schedule
- To continue VA Educational Benefits, I must maintain Satisfactory Academic Progress
- We recommend that you meet with our Academic Counselor at least **two** times throughout the semester
- Failure to promptly report enrollment changes may result in an overpayment or debt with VA and/or Butte College.

By signing below, I request that Butte College Veterans Services certify my eligible enrollment to the VA for the semester indicated above. I acknowledge that I have read and understand the responsibilities listed on this form

Signature: _____ **Date:** _____

OFFICE USE ONLY		
BOGFEE: YES NO	XD: _____	XD2: _____