

VETERANS REGISTRATION CERTIFICATION FORM

REQUEST TO CERTIFY ENROLLMENT WITH THE VA

PLEASE COMPLETE AND SUBMIT THIS FORM EVERY TIME * YOU REGISTER AND CHOOSE TO USE YOUR VA EDUCATION BENEFITS. A NEW FORM MUST BE COMPLETED AND SUBMITTED WITH EACH DROP AND ADD TRANSACTION.

VA FILE #/Last 4 Digits of SSN				CHAPTER: PLEASE CIRCLE					
		30	31	33	35	1606	1607	EAP	TA/FTA
EMAIL ADDRESS						STUDENT ID #			
LAST NAME						FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS OR PO BOX									
CITY			STATE			ZIP CODE			
TELEPHONE NUMBER						ALTERNATE TELEPHONE NUMBER			
IS THIS YOUR FIRST TIME USING YOUR VA EDUCATION BENEFITS AT CCP? _____ YES _____ NO									
IF YES, PLEASE PROVIDE CERTIFICATE OF ELIGIBILITY									
DO YOU HAVE COLLEGE CREDITS FROM ANOTHER INSTITUTION? ____ YES ____ NO									
IF YES, PROVIDE A COPY(S) OF OFFICIAL TRANSCRIPT FOR EVALUATION									
ARE YOU A GUEST STUDENT? ____ YES ____ NO			IF YES, LIST PRIMARY SCHOOL (Please attach approval letter from Primary School)						
*TERM AND YEAR									
<input type="checkbox"/> FALL 20__		<input type="checkbox"/> WINTER 20__		<input type="checkbox"/> SPRING 20__		<input type="checkbox"/> EARLY SUMMER 20__		<input type="checkbox"/> LATE SUMMER 20__	
MAJOR OR PROGRAM OF STUDY						NUMBER OF CREDITS FOR THIS ENROLLMENT			

Disclaimer: You are ultimately responsible for all Community College of Philadelphia program tuition and fees. If you are unsure of your benefits you may contact your local VA office, or contact Veterans Affairs at 1-888-442-4551 (1-888-GI-BILL-1).

YOUR SIGNATURE IS REQUIRED TO PROCESS YOUR REQUEST:

SIGNATURE

DATE

PLEASE ALLOW TWO TO FOUR WEEKS FOR PROCESSING. CHECK MyCCP ENROLLMENT PROFILE FOR UPDATES

COMPLETE, SIGN, AND RETURN FORM
OFFICE OF STUDENT RECORDS AND REGISTRATION
ATTN: SCHOOL CERTIFYING OFFICIAL
FAX: (215) 751-8001 OR EMAIL: RECORDS@CCP.EDU