



VA REQUEST FOR CERTIFICATION FORM (RCF)

This form is **REQUIRED** to be completed **EACH SEMESTER** that you are wanting to use VA Educational Benefits

Name _____ Student ID _____

- ____ This is the **first time** I have used my VA Educational Benefits at Craven Community College
____ I am a **new student** transferring from another University or College and I have previously used my benefits
____ I am a **returning student** who has previously used my benefits.

**If you do not know which program applies to you, please ask the VA office before making a selection!*

I am a:

Using VA Education Benefit:

Program of Study:

- ____ Veteran
____ Active Duty Service Member
____ Child/Spouse of a Veteran
____ Child/Spouse of ACTIVE DUTY

- ____ Chapter 33 (Post 9/11 GI Bill©)
____ Chapter 30 (Montgomery GI Bill©)
____ Chapter 1606 (Selected Reserves/Guard)
____ Chapter 35 (DEA/Survivor & Dependent)
____ Chapter 31 (VR&E)

(Enter **ABOVE** the degree program you are currently in i.e. Aviation Systems Technology)

Please indicate the **semester** that you will attend and wish to utilize your VA Educational Benefits below. You must be registered in classes before we can process this form.

I AM REQUESTING TO BE CERTIFIED FOR THE _____ SEMESTER
(Please only include current semester ex. SPRING 2026)

**** Certification WILL NOT roll over to the following semester. A new form is REQUIRED to be completed every semester.**

Do you plan to graduate at the end of this semester?

____ YES ____ NO

You understand you will be liable to CCC or the VA for any overpayment you may receive from the VA.

____ YES ____ NO

You understand you must complete this form each semester that you wish to receive benefits.

____ YES ____ NO

IMPORTANT POLICIES: (Initial Each One)

- ____ If at any time during the enrollment period you drop or withdraw from a course, withdraw from school, stop attending class, change your program or change your status in any way, **IT IS YOUR RESPONSIBILITY** to notify the Office of Veterans Affairs at Craven CC. You understand failure to notify the VA Office of such changes could result in overpayments.
- ____ If the VA Office determines a course is not approved after drop/add or after the drop period, you understand a reduction in hours will automatically be forwarded to the Department of Veterans Affairs on your behalf.
- ____ Courses not in the program of study will not be covered by the VA.
- ____ All developmental courses must be **100% FULLY** seated (NO HYBRID or ONLINE).
- ____ You are required to maintain satisfactory attendance to receive VA Educational Benefits. If you stop attending, **it's required you NOTIFY** the Office of Veterans Affairs immediately. Failure to do so may result in money owed back to Craven Community College and/or the Department of Veteran Affairs.
- ____ You are required to meet a cumulative GPA of 2.0 or higher in accordance with Craven Community College's Satisfactory Academic Policy. Failure to maintain satisfactory progress will result in your VA Educational Benefits being **SUSPENDED**.
- ____ You are required to report your enrollment on the last calendar day of each month by calling 1.888.442.4551 or on <https://www.va.gov/education/verify-school-enrollment/>.
- ____ (CH 33) The VA will **NOT** reimburse the school for book fees. You need to contact Student Accounts and pay all book fees **prior** to the cancellation/drop date or you will be dropped.
- ____ (CH 33 or CH 31) Your student account will carry a balance until we receive payment from the VA.
- ____ (CH 30, CH 35, or CH 1606) You need to ensure that all tuition & fees are paid **prior** to the cancellation/drop date or you will be dropped.
- ____ You will be required to pay any tuition, fees, and/or supplies **not covered by VA Benefits**, Financial Aid, scholarships, grants and/or other third parties (ex: book fees).

**Your written or digital signature is required on this form indicating you agree and understand the above.
Unsigned or incomplete requests will not be processed.**

You can submit this form by emailing to VA@cravencc.edu or in person at Student Services at either New Bern or Havelock Campus.

Signature: _____ Date: _____