

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 **retuning 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@cravenc.edu or in person at Student Services at either New Bern or Havelock Campus.

Signature: _____ Date: _____