



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 Child)
___ Chapter 35 (DEA Spouse)
___ 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.
___ 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.
___ You are required to meet a cumulative GPA of 2.0 or higher in accordance with Craven Community College's Satisfactory Academic Policy.
___ 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.
___ (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: _____ Revised 1/2025