

Student Veteran's Certification Worksheet

Please print clearly. The information listed on this form will be used to certify your enrollment for the semester indicated below. If you will be submitting this form via email, please include the words "[PC-Encrypt]" in the subject line to ensure that your message is sent securely.

Name		VA File # (Veteran's SSN)
Student's SSN	School Code UG, Grad, SCE	Banner ID #
Eligibility Status – Plea	se check your current status (select one only):	
CHAPTER 30 Veteran/Active Duty	CHAPTER 31 CHAPTER 35 Vocational Rehabilitation Veteran's Spouse/Dependent	CHAPTER 1606 CHAPTER 1607 National Guard/Reserves Reservist Activated
CHAPTER 33*		entitlement the VA approved for CHAPTER 33:9
Army Tuition Assis	stance *Post 9/11 GI Bill® For Chapter 33,	are you a Veteran's Spouse/Dependent: YES NO
Mailing Address: Pleas	se note, it is your responsibility to inform the c	ollege and the VA of any address change
Street	City	State Zip
Telephone	Providen	ce College email address
Cer	tification Semester: (A separate worksheet mi	ust he submitted for each semester).
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	Please check the current semester for enroll Wish to be certified for the Fall semester	
	I wish to be certified for the Winter Inter-s	
	I wish to be certified for the Spring semes	T
	I wish to be certified for the Summer 1:	Year
	I wish to be certified for the Summer 2:	Year
Important Information	:	
certificate or degree		compensate for courses that apply to a student's advisor to select courses and should inform the advisor notify Yvonne Arruda at 401-865-1033.
 Online courses: The 	student must be registered for at least one on ca	mpus course, in order to receive the full MHA Rate.
of Eligibility (COE)	- PC requires an up-to-date COE to be submitted	for courses that are not part of their program. Certificate d to the Office of the Registrar. For additional time Arruda at 401-865-1033 or yarruda@providence.edu.
Please Sign: I attest that unpaid balance that the		and I understand that I am responsible for any
Nama		Date:

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