

## **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 S	SN)
Student's SSN	School Code UG, Grad, SCE	Banner ID #	
Eligibility Status – Please	check your current status (select one only):		
CHAPTER 30	CHAPTER 31 CHAPTER 35 Vocational Rehabilitation Veteran's Spouse/Depender	CHAPTER 1606	CHAPTER 1607 Reservist Activated
CHAPTER 33*	Please indicate the percentage of o	entitlement the VA approved f	or CHAPTER 33:
_ _			
Army Tuition Assista	nce *Post 9/11 GI Bill® For Chapter 33, a	are you a Veteran's Spouse/De	ependent: YES N
	note, it is your responsibility to inform the c	ollege and the VA of any addi	ress change Zip
Street	City		
Street Telephone	City	ce College email address	Zip
Street Felephone	City Providen	ce College email address	Zip
Street Felephone	City Providen	State State State State State State State State State State State State State State State	Zip
Street Felephone	City Providen ication Semester: (A separate worksheet mu Please check the current semester for enro I wish to be certified for the Fall semester I wish to be certified for the Winter Inter-s	State	Zip
Street Telephone	City Providen Please check the current semester for enro I wish to be certified for the Fall semester I wish to be certified for the Spring semes City Please check the current semester for enro City City Please check the current semester for enro City City Please check the current semester for enro City Cit	State	Zip
Street Telephone	City Providen ication Semester: (A separate worksheet mu Please check the current semester for enro I wish to be certified for the Fall semester I wish to be certified for the Winter Inter-s	State	Zip

## **Important Information:**

- Please be advised the Department of Veterans Affairs (VA) will only compensate for courses that apply to a student's certificate or degree program. Students should meet with an academic advisor to select courses and should inform the advisor that they are receiving VA benefits. For any change in status, please notify Katherine Ricci at 401-865-2854.
- Online courses: The student must be registered for at least one on campus course, in order to receive the full MHA Rate.
- The Providence College Certifying Officials will not certify students for courses that are not part of their program. Certificate of Eligibility (COE) PC requires an up-to-date COE to be submitted to the Office of the Registrar. For additional information regarding the Certification Process, please contact Katherine Ricci at 401-865-2854 or kricci@providence.edu.

Please Sign: I attest that the information above is true and accurate; and I understand that I am responsible for any unpaid balance that the VA does not cover.

Name:

Date:

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at https://www.benefits.va.gov/gibill.

| The Office of the Registrar | Harkins Hall 310 |

| 1 Cunningham Square Providence, RI 02918 | p. 401-865-1033 | f. 401-865-1899 | records@providence.edu | www.registrar.providence.edu |