KVCC KENNEBEC VALLEY COMMUNITY COLLEGE FIDEDCIALARD Certification Request Form – Spring 2020

KVCC Student ID					Name (Last, First, Middle Initial)			
Contact Phone Number					Address (Number, Street or Rural Route, and Apt #)			
KVCC Email Address				City			State	Zip
Have you changed your program of study since your last certi				tification?			NO	YES
If yes, please complete the 22 – 1995 (veteran) or the 22 – 5495 (Chapter 35) and submit with this form.								
Please Select Your VA CHAPTER:								
CH 33		CH 31		CH 30		CH 33/I	RY 🗆	
CH 35		CH 1606		CH 1607	7			
Initial Each Statement. In order to assure timely processing, please submit this form along with your KVCC Advising Worksheet each semester to begin the certification process for your VA education benefits. Veterans students will need to read, understand, and initial each statement. If you should have questions, please call the KVCC Financial Aid Office at (207) 453-5822. I understand that this Certification Request covers Spring 2020 <u>semester ONLY</u> I am required to submit a new request form <u>each</u> semester that I wish to use VA educational benefits. My Advising Worksheet has been reviewed, and I understand only courses required for my program of study will be eligible for VA certification and that I am responsible for paying for any course(es) outside my program of study. I understand and will adhere to the VA attendance policy and my course syllabus attendance policy. Changes to my class schedule (drop, add, withdrawal) or excessive absences (two weeks or more) should be reported to the VA Office within one week. A VA Schedule Adjustment form should be completed and submitted within one week to prevent financial liabilities with VA and/or the College. I understand that my VA benefits will not cover developmental/remedial courses (e.g. ENG 031, MAT 025 or MAT 031 courses) taken online, or in class developmental/remedial courses with an online lab. I understand that once I have submitted my VA Certification Request Form, a VA hold will be placed on my account. I will be unable to make any adjustments (drop/add) to my schedule without contacting the Financial Aid Office. I understand that i I do not meet the required cumulative grade point average (GPA) and pass rate based on my total number of attempted credits, I will be on warning. Once on warning, I will need to attend an On-T								
apply to students using State Tuition Assistance.								
By completing and submitting this document, I give permission to the Financial Aid Office to certify my required courses.								
Signature: Date: Date:								
Konnohoo Vallov (Community C		nortunitu/a	firmativo ac	tion institut	ion and omnlove	r For more informatio	n plaza call (207) 452 5010

information, please call (207) 453-5019. ommunity College is an equal opportunity/a