

Bronx Campus  
Office of Student Financial Services  
2501 Jerome Avenue  
Bronx, NY 10468  
Phone: (646)393-8400  
Fax: (718)817-8401



New Rochelle Campus  
Office of Student Financial Services  
434 Main Street  
New Rochelle, NY 10801  
Phone: (914)740-6849  
Fax: (914)813-1275



## Veterans Certification Form

Veterans must complete this form and return it to the Office of Student Financial Services  
Every semester this form is required to be completed and submitted

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Monroe College I.D. # \_\_\_\_\_

Address (include Apt.#) \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ Personal E-Mail \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

VA File Number\* (Chapter 35 only\*): \_\_\_\_\_

### SEMESTER INFORMATION

Degree(Select One): ☐ Associate ☐ Bachelor ☐ Master Major: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ MOS: \_\_\_\_\_

Is this degree or major different from previously reported? ☐ YES ☐ NO

Term: ☐ Fall ☐ Winter ☐ Spring Year of Entry Term(YYYY): \_\_\_\_\_

Number of Credits for Semester: \_\_\_\_\_

### VA BENEFITS REQUESTING

Chapter (Select One):

- |   |  |
|---|--|
| <input type="checkbox"/> Ch.30 Montgomery GI Bill - Active Duty               | <input type="checkbox"/> Ch.31 Disable Veterans/Vocational Rehabilitation                    |
| <input type="checkbox"/> Ch. 33 Post 9/11 GI Bill                             | <input type="checkbox"/> Ch.35 Survivors and Dependents Education Assistance Program         |
| <input type="checkbox"/> Ch. 1606 Montgomery GI Bill - Reserve/National Guard | <input type="checkbox"/> Ch. 1607 REAP- Reserve/Guard called to Active Duty after 09/11/2001 |

Contract (Select One): ☐ Low Kicker (100.00) ☐ Medium (200.00) ☐ High Kicker (350.00) ☐ Not Applicable

Student must be seeking a degree within a major to receive Montgomery GI Bill (MGIB) Education Benefits. Student must inform the veterans counselor of any course load change: Understand that eligibility for academic dismissal may terminate benefits; Report to this office each semester to receive benefits; Students are liable for any overpayment.

By signing this form, I understand the terms and conditions to receive VA Education Benefits and I want my benefits to start.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Turnaround time for this document can take **one to two weeks**. The Monroe College Veterans Certifying Officials will do their best to process this form in a timely manner. The student must be registered for classes before processing.