

Veteran's Enrollment Certification Request Form

Central Carolina Community College
Office of Veterans Affairs
1105 Kelly Drive
Sanford, NC 27330
aeste980@cccc.edu
919-718-7233; Fax 919-718-7410



Students using VA Benefits must complete this form each time they register. Submit to the VA Coordinator to inform the VA Coordinator you wish to be certified with the VA for the term.

REQUIRED

An Official High School Transcript and Official Transcripts from all previously attended Colleges must be provided to Admissions. This is a requirement by the VA for certification.

Name: _____ Semester: _____

SSN/Last four: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Degree Seeking: _____ Are you registered for class? _____

Check the Benefit you are eligible to receive:

- CH 30 (Former Active Duty) CH 30 (Active Duty)
- CH 33 Post 9/11 (Veteran) CH 33 (Dependent)
- CH 31 (VR&E) CH 1606 (Reserves/National Guard)
- CH 35 (Dependent – Spouse/Child—*The SS# of the Veteran will be needed for VA file #)

*Veteran's Social Security # _____ Veteran's Name _____

Relationship to Student: _____

Please plan accordingly for the possibility of delayed payments.

Due to large quantities of people using GI Bill® benefits, the processing for VA educational benefits takes time. The VA Coordinator is not part of the Department of Veterans Affairs and cannot determine when the VA will make payments for benefits.

Please contact the VA (1-888-442-4551) directly for any questions

Updated 02/2025

Student Responsibility Statement

Please read each statement and check when complete

I understand that:

___ I must notify the VA Coordinator of any changes in my schedule.

___ I am responsible for any debts that will result if I drop a course or withdraw from a term at any given point within the term.

___ I will not be paid for previously passed courses or courses that do not qualify for VA benefits.

___ Only courses that must be completed to meet graduation requirements at Central Carolina Community College will be eligible for VA benefits.

___ I must notify both the VA and the VA Coordinator of any change of address.

___ I must maintain at least a 2.0 GPA and continue to make progress in my program of study to remain eligible for VA Educational Benefits.

___ **CH 30 & 1606 Students:** I must verify enrollment monthly through W.A.V.E. at <https://qibill.va.gov/wave/index.do>

___ **Post 9/11 – CH 33 Students:** I must verify my enrollment status each month to continue receiving my monthly housing allowance (MHA) and/or kicker payments.

___ **Dependents – CH 35 Students:** I must verify my enrollment status each month to continue receiving my monthly stipends

CH 33 & CH 35 Students can verify their enrollment status in one of two ways:

Text Messaging – Students who choose VA’s “Opt-In” feature will receive a text message each month prompting them to verify their enrollment status (Contact ECC 1-888-442-4551 to Opt-In)

Telephone – Students may call the Education Call Center (ECC) at 888-442-4551 to verify their enrollment status.

By signing, I acknowledge that I have read and understand the above statements and that the information provide on the Veterans Enrollment Certification Request Form is complete and accurate.

Signature: _____ Date: _____

Email Address: _____ Student ID#: _____