

**TREASURE VALLEY**  
**COMMUNITY COLLEGE**

**Veterans Request for Certification Form**

Select Benefit Chapter: \_\_\_\_\_ Term/Year \_\_\_\_\_ Number of Credits \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Declared Program/Major: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Have you submitted Veterans paperwork to TVCC within the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received Veterans Educational benefits before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received Veterans Educational benefits at TVCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you opted out of the TVCC Student Insurance?

Course #	Section	Course Title	# of Credits	Applies to Degree

Advisor signature verifies that the above courses apply to the student's declared degree.

**Advisor Name:** \_\_\_\_\_ **Advisor Signature:** \_\_\_\_\_

By signing below I verify that I have completed all items, and obtained an advisor's signature. I understand I must inform TVCC Veterans Office of any changes after this form has been submitted.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please read and complete the entire form. Incomplete forms will not be certified.***