



**LOS ANGELES VALLEY COLLEGE
REQUEST FOR G.I. BILL CERTIFICATION**

Today's Date _____

STUDENT I.D.: _____
 V.A. CLAIM #: _____
 LAST NAME: _____
 FIRST NAME: _____
 TELEPHONE: _____
 EMAIL: _____

TERM: **WINTER** YEAR: _____
SPRING
SUMMER 1
SUMMER 2
SUMMER 8-WEEK SESSION
FALL

BENEFIT: **CH: 33** (Post 9/11)
CH: 33/35 (Dependents using ch. 33)
CH: 30 (Active Duty)
CH: 31 (Voc Rehabilitation)
CH: 35 (Dependent)
CH: 1606/07 (Reserve/Guard) & Reap

ORIGINAL CERTIFICATION - DO NOT INCLUDE COURSE LAB INFO			
CLASS No.	COURSE NAME & No. (I.E. Math 115)	UNITS	OFFICE ONLY SHORT TERM DATES
TOTAL		_____	_____
Student Signature _____		Date _____	

MAJOR _____

Rec'd by _____ Date _____ Ent'd by _____ Date _____ Cert by _____ Date _____

RES: _____ BOGG: _____ LOBOG: _____ CH 33 FEES: _____ CH 31 FEES: _____

RES: _____ BOGG: _____ LOBOG: _____ CH 30, 35, 1606/07 FEES: **\$0.00**

DISTANT: _____ REMEDIAL: _____ COURSE(s): _____

PRACTICAL: _____ COURSE(s) _____

CHECKED BY: _____ DOUBLE CHECKED BY: _____

ENROLLMENT CHANGES - DO NOT INCLUDE COURSE LAB INFO			
CLASS No.	COURSE NAME & No. (I.E. Math 115)	UNITS	OFFICE ONLY SHORT TERM DATES
		+ -	
		+ -	
		+ -	
CHANGE, INCREASE, OR DECREASE TO:		_____	_____
Student Signature _____		Date _____	

Rec'd by _____ Date _____ Ent'd by _____ Date _____ Cert by _____ Date _____

RES: _____ BOGG: _____ LOBOG: _____ CH 33 FEES: _____ CH 31 FEES: _____

RES: _____ BOGG: _____ LOBOG: _____ CH 30, 35, 1606/07 FEES: **\$0.00**

DISTANT: _____ REMEDIAL: _____ COURSE(s): _____

PRACTICAL: _____ COURSE(s) _____

CHECKED BY: _____ DOUBLE CHECKED BY: _____

ENROLLMENT CHANGES - DO NOT INCLUDE COURSE LAB INFORMATION			
CLASS No.	COURSE NAME & No. (I.E. Math 115)	UNITS	OFFICE ONLY SHORT TERM DATES
		+ -	
		+ -	
		+ -	
CHANGE, INCREASE, OR DECREASE TO:		_____	_____
Student Signature _____		Date _____	

Rec'd by _____ Date _____ Ent'd by _____ Date _____ Cert by _____ Date _____

RES: _____ BOGG: _____ LOBOG: _____ CH 33 FEES: _____ CH 31 FEES: _____

RES: _____ BOGG: _____ LOBOG: _____ CH 30, 35, 1606/07 FEES: **\$0.00**

DISTANT: _____ REMEDIAL: _____ COURSE(s): _____

PRACTICAL: _____ COURSE(s) _____

CHECKED BY: _____ DOUBLE CHECKED BY: _____

PARENT SCHOOL LETTERS REQUESTS			
CLASS No.	COURSE NAME & No. (I.E. Math 115)	UNITS	OFFICE ONLY SHORT TERM DATES

STUDENT SIGNATURE: _____ Date _____

SCHOOL: _____ Sent by/Date _____ Double CK'd by _____

SCHOOL: _____ Sent by/Date _____ Double CK'd by _____

SCHOOL: _____ Sent by/Date _____ Double CK'd by _____

SCHOOL: _____ Sent by/Date _____ Double CK'd by _____