VETERAN’S AFFAIRS EDUCATIONAL BENEFIT CERTIFICATION REQUEST

SCU ID# ____________________________

Student Name: ____________________________ Preferred Name: ____________________________

Trimester: __________ Program of Study ____________________________ Cell Phone# ____________________________

Email: ____________________________

Please attach to this form:

1. Copy of Certificate of Eligibility Letter, if you haven't applied with the university before.
2. Schedule for current trimester
3. Copy of DD214

IMPORTANT NOTICE - You may only take courses that apply to your program of study. If you take courses that do not apply to your major, it will result in overpayment of benefits which you will be responsible. SCU DC and AOM Students you will only be certified for the courses you need to graduate in your major.

Have your ever used the GI Bill before? ☐ Yes ☐ No

Have you ever attended other Colleges or Military Schools? ☐ Yes ☐ No

I hereby request that verification of my enrollment as a student at Southern California University of Health Sciences is furnished to the Veteran's Administration.

- I certify that I will be in attendance and I am registered for the courses attached.
- I understand that it is MY responsibility to notify the VA Representative at Southern California University of Health Sciences a of my enrollment status.
- I also understand that the school can not be held liable as a result of the overpayment due to:
  1) Misrepresentation
  2) Mistake of facts
  3) Failure to notify the school VA Officer of any course changes

Signature: ____________________________ Date: ____________________________

Please return completed form to: SCU Financial Aid Office
16200 Amber Valley Drive, Whittier, CA 90604
Email: FinancialAid@scuhs.edu | Tel: 562-947-8755 ext 766