



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

SMCCCD

# VETERAN'S CERTIFICATION REQUEST

## Check Appropriate College

Admissions

**Cañada College**

Bldg. 9, 1<sup>st</sup> Floor  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Fax: (650) 306-3113

Admissions

**College of San Mateo**

Bldg. 10, 3<sup>rd</sup> Floor  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Fax: (650) 574-6506

Admissions

**Skyline College**

Bldg. 2, 2<sup>nd</sup> Floor  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Fax: (650) 738-4200

**This form is to be completed every semester and turned into your Home School Certifying Official.**

Student ID: **G** \_\_\_\_\_ Which GI Bill? \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1<sup>st</sup> Telephone: \_\_\_\_\_ 2<sup>nd</sup> Telephone: \_\_\_\_\_

Check box if the above address/information has changed, and be sure to update your address in WebSMART.

Check box if your major has changed since last semester (Major): \_\_\_\_\_

Check box if no previous college/university.  Check if transcripts from other colleges are already on file.

**NOTE: All prior transcripts must be received in Admissions & Records before a second semester certification. VA Department will review credit evaluations during compliance reviews and credit evaluation records must be kept and made available to VA upon request.**

Semester:  Summer  Fall  Spring 20\_\_\_\_\_

**Only classes reflected on your Student Educational Plan (SEP) will be certified for benefits.**

Course Name and Number	Units	College/University
<b>Total Number of Units for Certification</b>		

I certify that the statements on this application are true and complete to the best of my knowledge. I understand it is my responsibility to notify the Home School Certifying Official of any course load change immediately. I accept personal responsibility for any overpayments made and I agree to refund such overpayments promptly to the VA.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_