Polk State College
Veterans Services
999 Avenue H Northeast
Winter Haven, FL 33881

POLK STATE COLLEGE

FinancialAid@polk.edu
FX: (863) 298-6850

VETERANS CERTIFICATION REQUEST FORM

Fall 20121 _____ Spring 20122 _____ Summer 20123 _____

Submit form to the Financial Aid Office Winter Haven or Lakeland Campus CHAPTER # _____

1. _____ *I* _____ */* _____ *2.* _____ *3.* _____
Social Security Number Name (Last, First, MI) VA File Number

_____
Street Apt. # City State Zip

5. New Address? (yes) (no) 6. Home Telephone: _____ 7. Work Telephone: _____

8. Student Status. I am:

a. a degree seeking student: (yes) (no) [note major code on DAUDR]

b. a transient student (9030) (yes) (no) if yes, what school?_____ (attach transient student consent letter from primary school - submitted in lieu of the DAUDR. See below)

c. a cross enrolled student: School _____ Campus_____ Credits _____ (attach cross enrollment form - submitted in lieu of the DAUDR. See below.)

d. Active Duty (yes) (no) Florida National Guard (yes) (no) Active Reserve (yes) (no)

9. Student Responsibility

a. I understand that it is my responsibility to review and be familiar with VA regulations. These regulations are available at www.va.gov.

b. I have completed the application form 22-1990 or 22-5490 _____ initial.

A copy of the 22-1990 or 22-5490 must be attached to this Veteran's Certification Request Form with a certified copy of the DD-214. The 22-1990 (used by most Veterans who have served on active duty) can be completed on-line. If the application is submitted on-line a copy can be printed from the electronic submission.

c. I have mailed the application (or submitted on-line) to U.S. Department of Veterans Affairs. Atlanta Regional Processing Office. P.O. Box 100022 Decatur, GA 30031-7022, _____ initial.

d. I understand Polk State College can not determine my eligibility for VA benefits or financial reimbursement I may receive as a result of my eligibility for Veteran's Benefits._____ initial.

e. I agree that should I withdraw from any or all courses I will contact the PSC financial aid office and the VA Regional Processing Office immediately._____initial.

f. I agree that should I change programs (major course of study) I will contact the PSC Financial Aid Office immediately and complete form DD 22-1995. _____initial.

g. I have met with an academic advisor and have obtained a copy of the PSC DAUDR signed by the advisor._____ initial.

A copy of the DAUDR - signed by the Academic Advisor must be attached to this form. If courses are required to gain skill in preparation for a course applicable to a portion of the degree program, but not listed on the DAUDR, a specific letter (or notation) addressing this course must be obtained from the Academic Advisor.

h. I understand all courses for which I register must be designated as part of my degree seeking program at Polk State College (see DAUDR).

i. I have initialed courses I will take for the following semester _____ on the DAUDR. __ initial.

j. I understand I will be responsible for any overpayment resulting from course withdrawal. _____ initial.

Signature:_____ e-mail _____ Date:_____