

For those in the Police Academy ONLY.

Police Academy: Starting _____

Ending _____

Veteran's Certification Request

Complete this form each semester, upon enrollment, to request VA certification.

Submit form to Gavilan Certifying Official.

Gavilan Student ID _____ Semester: Fall 20__ Winter 20__ Spring 20__ Summer 20__

Name: _____ Which GI Bill? _____
Last First Middle

Address: _____
Street Address City State Zip

Email: _____ Telephone: _____

If the above address/information has changed, check this box and be sure to update your address in MyGav.

I will be applying for FAFSA (Financial Aid) Yes No (Circle)

If you apply for FAFSA you might be eligible for a grant and just pay 1/2 of parking.

Police Academy? Yes NO Sponsored by _____ for tuition material fees or both?

What is your Major? _____ Transfer: Yes No Degree Certificate

If your Major Program **has changed from last semester**, check this box:

Educational History Information-Previous College/University Attended (Will Need Official Transcript(s))

Name of College/University	Start Date	End Date

If there is no previous college/university check this box: or If transcripts are already on file check this box
Colleges must evaluate prior credit, grant credit as appropriate, notify the student of the evaluation, and shorten the program certified accordingly. Whenever a student initially enrolls or changes programs a credit evaluation must be completed within the first semester. VA Department will review credit evaluation during compliance reviews and credit evaluation records must be kept and made available

Only classes reflected on your Gavilan Student Educational Plan will be certified for benefits

Course Name	CRN #	Units	Type of Semester Class
			<input type="checkbox"/> Full Semester <input type="checkbox"/> Distance learning <input type="checkbox"/> Short Course: From _____ To _____
			<input type="checkbox"/> Full Semester <input type="checkbox"/> Distance learning <input type="checkbox"/> Short Course: From _____ To _____
			<input type="checkbox"/> Full Semester <input type="checkbox"/> Distance learning <input type="checkbox"/> Short Course: From _____ To _____
			<input type="checkbox"/> Full Semester <input type="checkbox"/> Distance learning <input type="checkbox"/> Short Course: From _____ To _____
			<input type="checkbox"/> Full Semester <input type="checkbox"/> Distance learning <input type="checkbox"/> Short Course: From _____ To _____
			<input type="checkbox"/> Full Semester <input type="checkbox"/> Distance learning <input type="checkbox"/> Short Course: From _____ To _____
Total Number of Units for Certification			

I understand it is my responsibility to notify the Veteran Administration and the Gavilan 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 _____

Date _____

Completed, print a copy for your records & submit to your VA Certifying Official. Sandra Talavera (408)848-4734 stalavera@gavilan.edu

Please apply for Scholarships at: <https://gavilan.academicworks.com/>