



COMMUNITY COLLEGE  
OF RHODE ISLAND  
Office of Enrollment Services

**Veteran's Certification Worksheet**

Effective 8/1/09: Certificate of Eligibility (COE) is required prior to CCRI processing your certification.

Please print clearly. The information listed on this form will be used to certify your enrollment for the semester.

Name \_\_\_\_\_ VA File Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ CCRI ID # \_\_\_\_\_

Eligibility Status - Please check your current status (select one only):

- CH30 Veteran/Active Duty    
  CH31 Voc Rehab    
  CH33 \*Post-9/11 GI Bill    
  CH35 Veteran's Spouse/Dependent    
  CH1606 National Guard/Reserves    
  CH1607 REAP

\*Please indicate percentage of entitlement the VA approved \_\_\_\_\_%.  
 \* For CH33 are you a Veteran's Spouse/Dependent     Yes     No

Mailing Address:

*It is your responsibility to inform the college and the VA of any address change.*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ CCRI e-mail \_\_\_\_\_@ccri.edu

**Certification Semester**

Select campus attending:

- Knight     Flanagan     Liston     Newport

Please check current semester:

- I wish to be certified for the Fall semester     Year \_\_\_\_\_  
 I wish to be certified for the Spring semester     Year \_\_\_\_\_  
 I wish to be certified for the Summer semester     Year \_\_\_\_\_

When you applied using VONAPP or mailed forms directly to the VA Department, please check off:

|         | VONAPP                   | Mailed                   | Date of Submission |
|---------|--------------------------|--------------------------|--------------------|
| 22-1990 | <input type="checkbox"/> | <input type="checkbox"/> | _____              |
| 22-1995 | <input type="checkbox"/> | <input type="checkbox"/> | _____              |
| 22-5490 | <input type="checkbox"/> | <input type="checkbox"/> | _____              |
| 22-5495 | <input type="checkbox"/> | <input type="checkbox"/> | _____              |

**Previous Enrollment**

When, if ever, did you last receive VA benefits from CCRI? \_\_\_\_\_

When, if ever, did you last receive VA benefits from another college/university? \_\_\_\_\_

Name of that college/university: \_\_\_\_\_

Are you/will you be receiving tuition assistance (for example: STAP/STEP) from your branch for the requested semester?

If you are receiving Top Up tuition assistance, you will NOT be eligible for your GI BILL enrollment certification. Please check with your VA educational officer/commander.     Yes     No

Please sign: I attest the information above is true and accurate. I understand that I am responsible for any unpaid balance that the VA does not cover.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Flanagan Campus, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 P: 401.825.2003 F: 401.333.7122

Knight Campus, 400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2003 F: 401.825.2394

Liston Campus, One Hilton Street, Providence, RI 02905-2304 P: 401.825.2003 F: 401.455.6181

Newport County Campus, One John H. Chafee Blvd. Newport, RI, 02840 P: 401.825-2003 F: 401.851.1627