

**Danville Area Community College's VA Student Enrollment Certification:**  
**To be completed by the Student & Academic Counselor & Returned to Financial Aid**

*To Be completed by the Veteran:*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Fall Spring Summer Year: \_\_\_\_\_

What program are you pursuing at DACC? \_\_\_\_\_

Which Veterans Education Benefit are you requesting to be used for this current term ?

Chapter 33 Post 911 GI Bill \_\_\_\_\_ Illinois Veterans Grant: \_\_\_\_\_

Chapter 30 Montgomery GI Bill \_\_\_\_\_ Illinois National Guard Grant: \_\_\_\_\_

Chapter 1606 Reserve GI Bill: \_\_\_\_\_ MIAPOW Tuition Scholarship: \_\_\_\_\_

Chapter 35 Dependent GI Bill: \_\_\_\_\_

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

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**FOR ACADEMIC ADVISOR USE ONLY**

Advisor, please review the attached semester schedule and verify that it is relative course work per students declared major. Veterans Educational Benefits can only be certified for credit hours in students declared Program of Study (Major).

Student Veteran's Major Title: \_\_\_\_\_

As of this date, the student has completed (prior credits) toward this major: \_\_\_\_\_

Student Veteran is enrolling in \_\_\_\_\_ credit hours toward their major for the \_\_\_\_\_ semester.

If student is enrolled in credit hours Not required for completion of this program, please list those here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

Advisors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: If you wish to attach a degree audit to this form as a detailed "explanation" of credit hours completed, in process, and still required; you may do so. Thank you.*