



GI BILL® CERTIFICATION REQUEST FOR OFFSITE LOCATIONS

Student ID:	Name:	Phone Number:
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Semester & Year:

Winter Spring Summer Fall YEAR: _____

As required by the Harry W. Colmery Veterans Educational Assistance Act, HCC must inform the VA of the physical address of all courses located off HCC's main campus. Please list all registered courses to be certified. that will meet at a location other than HCC's main campus (i.e., Laurel College Center, clinical, internship, co-op courses, etc.)

Course _____ Section _____	Location	Name _____
		Address _____
		City/State/Zip Code _____

Course _____ Section _____	Location	Name _____
		Address _____
		City/State/Zip Code _____

Course _____ Section _____	Location	Name _____
		Address _____
		City/State/Zip Code _____

Please read and initial each box below that you understand and agree to the below statements:

I understand the VA will calculate the monthly housing allowance (MHA) based on the zip code of the physical location where a majority of credits of instruction are located during the certified term. HCC will submit an enrollment certification outlining all courses eligible for benefit and the VA will make the determination of the appropriate MHA payments for the term.

Student Signature: _____

Date: _____

Office Use ONLY

Location Verified

Degree Program Verified Yes
 No

Course _____ Division _____
Confirmed by _____ Date _____

Course Registration Verified Yes
 No

Course _____ Division _____
Confirmed by _____ Date _____

Course _____ Division _____
Confirmed by _____ Date _____

Certification Completed By _____

Date _____