## **Request for Supplemental Certificate** ALABAMA G.I. DEPENDENTS SCHOLARSHIP PROGRAM

Name: SSN: SSN: Address: Phone: SSN: SSN: City, State, Zip)  Email: Phone: Phone: SECTION II SCHOOL DATA  A. (1) The new school you are requesting to transfer to:  (2) Date you expect to enroll: (3) If a technical course, give NAME and LENGTH of new course: SECTION III SCHOOL CERTIFICATION (This section must be completed by an official at the school reflected on the students last Certificate of Eligibility prior to submission to the Department of Veterans Affairs.)  I certify that the following information includes the dates of attendance and the accompanying hours for all semesters that the above named student has been/will be billed for under their current certificate for the Alabama G.I. Dependents Scholarship Program. Additional signed pages may be attached as needed:  Inclusive Semester Dates Hours Billed (Signature of School Official)  [Print School Name] (Official Title) (Phone)	VETERAN IDENTIFICAT	ΓΙΟΝ			
Name: SSN:	Name:			VA File #:	
Address:	SECTION I STUDENT I	DENTIFICATION			
Email:    SECTION II SCHOOL DATA     A. (1) The new school you are requesting to transfer to:    (2) Date you expect to enroll:	Name:			SSN:	
SECTION II SCHOOL DATA  A. (1) The new school you are requesting to transfer to:  (2) Date you expect to enroll:  (3) If a technical course, give NAME and LENGTH of new course:  (Signature of Student)  Date  SECTION III SCHOOL CERTIFICATION (This section must be completed by an official at the school reflected on the students last Certificate of Eligibility prior to submission to the Department of Veterans Affairs.)  I certify that the following information includes the dates of attendance and the accompanying hours for all semesters that the above named student has been/will be billed for under their current certificate for the Alabama G.I. Dependents Scholarship Program. Additional signed pages may be attached as needed:  Inclusive Semester Dates Hours Billed Inclusive Semester Dates Hours Billed  Inclusive Semester Dates Hours Billed Inclusive Semester Dates Hours Billed  [Inclusive Semester Dates Hours Billed Inclusive Semester Dates Hours Billed (Signature of School Official)  [Print School Name] (Official Title) (Phone)	Address:			Phone:	
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(3) If a technical course, give NAME and LENGTH of new course:    Course			nsfer to:		
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(Signature of School Official)  (Print School Name) (Official Title) (Phone)	Inclusive Semester Dates	Hours Billed	Inclusive Semester Da	Hours Billed	
(Print School Name) (Official Title) (Phone)	Inclusive Semester Dates	Hours Billed	Inclusive Semester Da	Hours Billed	
			(Sign	(Signature of School Official)	
	· · · · · · · · · · · · · · · · · · ·	me)	(Official Tit	tle) (Phone)	

**SECTIONIV--**

**EMAIL or FAX** COMPLETED REQUEST TO:

supplementalrequests@va.alabama.gov FAX: 334-353-4078

Allow 30 Working Days Processing Time