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|  Certification Request for VA Educational Benefits |
| General |
| Name (First, Middle, Last)  | Date of Birth | Student ID # |
| Street Address | Primary Phone | Secondary phone |
| City State Zip | E-mail address |
| Benefits |
| Have you used your VA educational benefits before? [ ]  Yes [ ]  No  | Within the last year? [ ]  Yes [ ]  No | If yes, where? |
| If “NO”  | If first time use of VA educational benefits, provide Certificate of Eligibility or complete form 1990 or 5490.If you last received VA educational benefits **while attending another school**, complete form 1995 or 5495. |
| **[ ]  Chapter 30** (MGIB) **[ ]  Chapter 31** (VR&E) **[ ]  Chapter 33** (Post 9/11) **[ ]  Chapter 35** (Dependent) **[ ]  Chapter 1606** (Reservist)**[ ]  VMSDEP/TA Only - I do not wish to activate VA Educational Benefits at this time.** |
| Program of Study |
|  [ ] Associate in Arts (AA) [ ] Associate in Science (AS) [ ] Associate in Applied Science (AAS)  [ ] Certificate [ ] Career Studies Certificate [ ] Non-matriculated/Attending another college\*\* |
| Program Name: | Is this the same program you were in during your last semester? [ ] Yes [ ] No | \*\*If attending another college, that school’s certifying official must provide a parent school letter listing approved courses each semester. |
| **List of Classes** |
| [ ] Fall \_\_\_\_\_\_\_\_\_\_ [ ] Spring \_\_\_\_\_\_\_\_\_\_ [ ] Summer \_\_\_\_\_\_\_\_\_\_  |
| Subject | Number | Section | Course Name | # of Credits | Office Use |
| ART | **319** | **11** | (example)  **Basket Weaving** (example) | **3** |  |
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| **Tuition Payment** |
| [ ] Cash, Check, Credit [ ] Anticipated Financial Aid [ ] VR&E [ ] Chapter 33 Tuition Benefit [ ] VMSDEP Waiver  [ ] Advance Payment Requested (**Separate written request required**) [ ] Tuition Assistance (**Must submit approval before drop date**) |
| Statement of Understanding (By signing below, I certify that I have read and agree to the following.) |
| 1. I must complete this form each semester that I intend to receive VA educational benefits.  |
| 2. I authorize the Certifying Official to release my grades and/or transcript to the VA or DVS as needed. |
| 3. I will keep all contact information current so the Certifying Official will always be able to reach me with questions/information. |
| 4. I authorize the Certifying Official to update my contact info and/or program of study with the college on my behalf using the info on this form. |
| 5. I must immediately report **all changes** in enrollment to the Certifying Official. Failure to do so may result in a debt to the VA |
| 6. All classes must be certified using the actual dates of the class, which may affect my enrollment level and pay for the term. |
| 7. Enrolling in only distance courses will reduce my monthly BAH payments. (*Ch. 33 only*) |
| 8. I will only receive VA educational benefits for courses **specifically** required in my current curriculum. |
| 9. I cannot receive benefits for a class taken now for which I have previously received a passing grade, whether here or at another institution. |
| 10. I must certify my enrollment with the VA, by phone or online, **after each month** in order to receive payment. (*Excludes Ch 31 and Ch 35 students pursuing a degree)* |
| 11. I am responsible for any outstanding balance on my account resulting from partial payments from the VA, classes outside of my program, withdrawals, or failure to attend class(es) the entire semester. I further understand that if I selected VMSDEP/TA Only and do not complete all requirements for those programs I will be responsible for the outstanding balance for the term. I will reach out to the Military Student Center for assistance with and questions about these programs and understand that I should be sure I qualify for these programs when selecting this option. |
| Signature | Date |