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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 | | |