

Certification Request for VA Educational Benefits

General

Name (First, Middle, Last)	SSN	Empl ID
Street Address	Primary Phone	Secondary phone
City/State/Zip	E-mail address	

Benefits

Have you used your VA educational benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> 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 have received VA educational benefits while attending another school , complete form 1995 or 5495.		
<input type="checkbox"/> Chapter 30 (MGIB)	<input type="checkbox"/> Chapter 31 (Vocational Rehab)	<input type="checkbox"/> Chapter 33 (Post 9/11)
<input type="checkbox"/> Chapter 35 (Dependents)	<input type="checkbox"/> Chapter 1606 (Reservist)	<input type="checkbox"/> Chapter 1607 (REAP)

Program of Study

<input type="checkbox"/> Associate in Arts (AA)	<input type="checkbox"/> Associate in Science (AS)	<input type="checkbox"/> Associate in Applied Science (AAS)
<input type="checkbox"/> Certificate	<input type="checkbox"/> Career Studies Certificate	<input type="checkbox"/> Non-matriculated/Attending another college**
Curriculum:	Is this a change of Program of Study since you last received VA benefits?* <input type="checkbox"/> Yes <input type="checkbox"/> No	**If attending another college, that school's certifying official must provide a parent school letter listing approved courses each semester.
*If "YES"	Complete form 1995 or 5495 and provide a copy of your transcript to the Records Office. Students are ineligible for VA benefits if credits from prior training are not reported within 2 semesters.	

Current Semester (List of Classes)

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____					
Subject	Number	Section	Course Name	# of Credits	Office Use
ENG	111	11	College Composition (example)	3	

Tuition Payment

<input type="checkbox"/> Cash, Check, Credit	<input type="checkbox"/> Anticipated Financial Aid	<input type="checkbox"/> Vocational Rehab	<input type="checkbox"/> Tuition Assistance
<input type="checkbox"/> VMSDEP Benefits	<input type="checkbox"/> Post 9/11 GI BILL		

Statement of Understanding

1. I must complete this form each semester that I intend to receive VA educational benefits. Failure to do so **will** delay payment.
2. I must immediately report **all changes** in enrollment to the Certifying Official. Failure to do so may result in an outstanding debt to the VA.
3. I understand that VA educational benefits may be discontinued if I fail to maintain satisfactory attendance and progress.
4. Upon initial enrollment and/or change of program, credits from prior training must be reported within 2 semesters, or payments will stop.
5. I cannot receive benefits for a class taken now for which I have previously received a passing grade, whether here or at another institution.
6. I must have my DD-214 forwarded to the Certifying Official for evaluation of transfer credit.
7. I will only receive VA educational benefits for courses **specifically** required in my curriculum.

Signature	Date
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