

# REQUEST FOR CERTIFICATION OF VA BENEFITS



Name \_\_\_\_\_

Student ID \_\_\_\_\_ VA File # (Dependents Only) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Residency Classification Status:                      In-State                      Out-of-State

## Veteran Benefit Information

Check which benefit program you are using:

Chapter 33: Post-9/11 GI Bill

Chapter 35: Survivors' & Dependents (DEA)

Chapter 31: Vocational Rehabilitation

Chapter 30: MGIB – Active Duty

Chapter 1606: MGIB – Selected Reserve

Chapter 1607 – REAP

Are you using Yellow Ribbon?      Yes      No      If yes, have you completed the application?      Yes      No

## Academic Information

Degree Program/Major \_\_\_\_\_ Semester \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Is this your final semester?      Yes      No

## Please read and initial the following:

\_\_\_\_\_ I understand that I am responsible for any balance on my student account if the VA determines that I am not eligible, or if I or VU receives a partial payment, or if I do not wish to use my VA benefits. Administrative corrections to certifications to adhere to VA Policy may result in a student debt either to VU or the VA.

\_\_\_\_\_ I understand that changes in course enrollment, or an entire term withdrawal, after the last day of the add/drop week may result in a retroactive loss of benefits and create a debt with the VA. Loss or reduction of benefits could revert back to the first day of term.

\_\_\_\_\_ I understand that grades of W, WF, or I could result in an overpayment of benefits which I may be required to repay to the Department of Veterans Affairs.

\_\_\_\_\_ I understand that I am only able to use my VA education benefits for courses required for the degree program I am currently pursuing, or for required pre-requisite courses. I should consult Veterans Support Services before adjusting my schedule. Online developmental courses cannot be certified and do not count towards my enrollment status.

\_\_\_\_\_ I understand that Chapters 1606, 1607, 30, and 35 will pay the benefit recipient and not the University. I am responsible for the payment of all tuition and fees to VU.

\_\_\_\_\_ I understand that specific payment of eligibility questions should be referred to the VA by calling 1-888-442-4551.

***The completion of the form authorizes Veterans Support Services to certify my enrollment and provide academic records information to the Department of Veterans Affairs to ensure the receipt of Education Training Benefits. I understand that I must complete this form each semester in order to receive benefits. It is my responsibility to notify Veterans Support Services immediately upon adding, dropping, or withdrawing from a course.***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to Veterans Support Services:      Email: [veterans@vinu.edu](mailto:veterans@vinu.edu)      or      Fax: 812 888-2076