

**2017-2018 UM VA REQUEST FOR CERTIFICATION**  
**University of Montevallo, Veteran Affairs**  
**Office of Student Success, Van Tuyl House, Station 6450, Montevallo, AL 35115**  
**(205) 665-6450 Fax: (205) 665-6353**

NAME \_\_\_\_\_  
                                LAST                                FIRST                                MI

UM ID # \_\_\_\_\_ VA FILE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLASS STATUS: \_\_FR          \_\_SOPH          \_\_JR          \_\_SR          \_\_GRAD

MAJOR(s) \_\_\_\_\_ MINOR(s) \_\_\_\_\_

CONCENTRATION(S): \_\_\_\_\_ CHANGED OF MAJOR? \_\_ Yes          \_\_NO

**VA BENEFIT(S):**

- \_\_\_\_ CHAPTER 30    MGIB
- \_\_\_\_ CHAPTER 31    VOC REHAB
- \_\_\_\_ CHAPTER 32    VEAP
- \_\_\_\_ CHAPTER 33    POST - 9/11 GI BILL
- \_\_\_\_ CHAPTER 33    YELLOW RIBBON
- \_\_\_\_ CHAPTER 35    DEA
- \_\_\_\_ CHAPTER 1606 MGIB-SR
- \_\_\_\_ CHAPTER 1607 REAP
- \_\_\_\_ Tuition Assistance (GoArmyEd)
- \_\_\_\_ Alabama National Guard Education Assistance Program (ANGEAP)
- \_\_\_\_ Alabama GI Dependent Scholarship
- \_\_\_\_ Other: \_\_\_\_\_

**Check all that apply:**

- \_\_\_\_ Current Active Duty          Branch: \_\_\_\_\_
- \_\_\_\_ Current National Guard      Branch: \_\_\_\_\_
- \_\_\_\_ Current Reserve or Special Reserve
- \_\_\_\_ Veteran                          Branch: \_\_\_\_\_
- \_\_\_\_ Disabled Veteran              Branch: \_\_\_\_\_
- \_\_\_\_ Spouse of a Veteran          Branch: \_\_\_\_\_
- \_\_\_\_ Spouse of person currently serving
- \_\_\_\_ Dependent of a Veteran      Branch: \_\_\_\_\_
- \_\_\_\_ Dependent of person currently serving
- \_\_\_\_ Branch: \_\_\_\_\_

**Please certify me for the following term(s):**

\_\_\_\_ FALL 2017          \_\_\_\_ SPRING 2018          \_\_\_\_ SUMMER 20187

**STATEMENT OF UNDERSTANDING:**

- I understand that the information above will be shared with the VA Educational Benefits division.
- I understand that my enrollment certifications will be sent electronically through VA Once.
- I understand that I must immediately report any changes to my schedule or my major to the Coordinator of Veterans Affairs.
- I understand that all changes to my enrollment may alter the benefits received from the VA.
- I understand that I will be held liable for any overpayment that I might receive from the VA or UM.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RECEIVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_