

2018-2019 UM VA REQUEST FOR CERTIFICATION

University of Montevallo, Veteran Affairs
Registrar's Office, Station 6040, Montevallo, AL 35115
registrar@montevallo.edu (205) 665-6040 Fax: (205) 665-6042

NAME _____
LAST FIRST MI

UM ID # _____ VA FILE NUMBER _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE/MOBILE: _____ EMAIL: _____

CLASSIFICATION: __FR __SOPH __JR __SR __GRAD

MAJOR(s) _____ MINOR(s) _____

CONCENTRATION(S): _____ CHANGED OF MAJOR? __ Yes __NO

Check all benefits to be used this year:

- CHAPTER 30 MGIB
 CHAPTER 31 VOC REHAB
CH 31 must also submit VA 1905 with caseworker signature.
 CHAPTER 32 VEAP
 CHAPTER 33 POST - 9/11 GI BILL
 CHAPTER 33 YELLOW RIBBON
CH 33 must also submit an updated statement of benefits or most recent certification letter
 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 to you:

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

Please certify me for the following term(s):

You may select all three terms at one time.

FALL 2018 SPRING 2019 SUMMER 2019

STATEMENT OF UNDERSTANDING:

- The information above will be shared with the VA Educational Benefits division.
- My enrollment certifications and amendments will be sent electronically through VA Once.
- I must report all changes to my schedule or my major to the Coordinator of Veterans Affairs.
- All changes to my enrollment may alter the benefits received from the VA.
- I am liable for any overpayment that I might receive from the VA or UM.
- I am responsible for any resulting balance on my student account from VA adjustments to my CH 33, CH 31, or Tuition Assistance expected tuition/fee payment.

SIGNATURE _____ DATE _____

RECEIVED BY _____ DATE _____