



## 2019-2020 REQUEST FOR VA CERTIFICATION

Submit form to the Registrar's Office

Palmer Hall, Station 6040, Montevallo, AL 35115, [registrar@montevallo.edu](mailto:registrar@montevallo.edu), (205) 665-6040, Fax: (205) 665-6042

NAME \_\_\_\_\_

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

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

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

PHONE/MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

CLASSIFICATION  FR  SOPH  JR  SR  GRAD

PROGRAM/MAJOR(s) \_\_\_\_\_

CONCENTRATION(S) \_\_\_\_\_

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

### SELECT TERMS TO USE BENEFITS THIS ACADEMIC YEAR

FALL 2019  SPRING 2020  SUMMER 2020

### SELECT ALL THAT APPLY TO STUDENT THIS ACADEMIC YEAR

- |  |               |
|--|---------------|
| <input type="checkbox"/> Veteran                         | Branch: _____ |
| <input type="checkbox"/> Disabled Veteran                | Branch: _____ |
| <input type="checkbox"/> Active Duty, Currently          | Branch: _____ |
| <input type="checkbox"/> National Guard, Currently       | Branch: _____ |
| <input type="checkbox"/> Reserve, Currently              | Branch: _____ |
| <input type="checkbox"/> ROTC, Currently                 | Branch: _____ |
| <input type="checkbox"/> Spouse of Active Duty           | Branch: _____ |
| <input type="checkbox"/> Spouse of a Veteran             | Branch: _____ |
| <input type="checkbox"/> Spouse of a Disabled Veteran    | Branch: _____ |
| <input type="checkbox"/> Dependent of Active Duty        | Branch: _____ |
| <input type="checkbox"/> Dependent of a Veteran          | Branch: _____ |
| <input type="checkbox"/> Dependent of a Disabled Veteran | Branch: _____ |

SELECT ALL BENEFITS TO BE USED THIS ACADEMIC YEAR

- CHAPTER 30, Montgomery GI Bill Active Duty (MGIB-AD)
- CHAPTER 31, Vocational Rehabilitation and Employment (VR&E)
- CHAPTER 32, Veterans Educational Assistance Program (VEAP)
- CHAPTER 33, POST 9/11 GI BILL
- CHAPTER 33, POST 9/11 w/ YELLOW RIBBON
- CHAPTER 35, Survivors' & Dependents' Educational Assistance (DEA)
- CHAPTER 1606, Montgomery GI Bill Selected reserve (MGIB-SR)
- CHAPTER 1607, Reserve Educational Assistance Program (REAP)
- Marine Gunnery Sergeant John David Fry Scholarship
- Military Tuition Assistance (TA) Branch: \_\_\_\_\_
- Alabama National Guard Education Assistance Program (ANGEAP)
- Alabama GI Dependent Scholarship
- Other: \_\_\_\_\_

STUDENT 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 School Certifying Official.
- 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.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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UM Office Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate of Eligibility

SGASADD

Cashier

Spreadsheet

Degree Plan

Transcripts

SGASTDN

VAOnce

Notes/Other: