



2020-2021 REQUEST FOR VA CERTIFICATION

Submit form to the Registrar's Office

Palmer Hall, Station 6040, Montevallo, AL 35115, 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 2020 SPRING 2021 SUMMER 2021

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 _____

UM Office Use Only

Processed by: _____ Date: _____

Certificate of Eligibility

SGASADD

Cashier

Spreadsheet

Degree Plan

Transcripts

SGASTDN

VAOnce

Notes/Other: