

Fall \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

## VETERANS EDUCATIONAL BENEFITS REQUEST FOR CERTIFICATION

- **IN ORDER TO BE CERTIFIED, ALL SECTIONS OF THIS FORM MUST BE COMPLETED**
- **VETERAN STUDENTS WILL NOT RECEIVE HIS/HER VA EDUCATION BENEFITS UNLESS HE/SHE IS CERTIFIED EACH SEMESTER.**
- **THIS CERTIFICATION REQUEST IS THE RESPONSIBILITY OF THE STUDENT**

UACCM ID# \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **Which education benefits are you eligible?**

Please check only one box:

- Ch. 30 Montgomery GI Bill\*
  - Ch. 33 Post 9/11
  - Ch. 1606 MGIB Select Reserve/National Guard\*
  - Ch. 1607 REAP Reserve Education Benefits\*
  - Ch. 35 Dependent/Survivor Education Assistance
- VA File # \_\_\_\_\_

**\*Students using Ch. 30, 1606, & 1607 must verify enrollment each month at 1-877-823-2378 or [www.gibill.va.gov/wave](http://www.gibill.va.gov/wave).**

### STUDENT STATUS

I am working toward an associates' degree from UACCM

A.A. (Associate of Arts) \_\_\_\_\_

A.S. (Associate of Science) \_\_\_\_\_

A.G.S. (Associate of General Studies) \_\_\_\_\_

A.A.S (Associate of Applied Science) in \_\_\_\_\_

I am working toward a Certificate from UACCM in \_\_\_\_\_

**Guest Student (List college attending)** \_\_\_\_\_

\_\_\_\_ I understand that I must complete a VA Request for Certification form to receive VA Educational Benefits each semester from the UACCM Financial Aid Office. **No certification will be processed without the completed request form**

\_\_\_\_ It is the total responsibility of the student to provide correct information pertaining to his/her current enrollment, courses being dropped or added, changes in degree program, repeated courses, remedial courses, and mailing address changes

\_\_\_\_ I understand that I am required to check my UACCM e-mail once a week for any updates

\_\_\_\_ You will receive an e-mail notification when your enrollment certification has been submitted to the Muskogee Regional Office

My signature indicates that I have provided accurate information and agree to comply with all VA and UACCM VA guidelines. I understand if **I modify my schedule** for any reason, it may hinder the certification process.

**\*NOTE: Certifications will not be processed without your signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete back of form**

# U of A Community College at Morrilton VA Educational Benefits Rules & Regulations & Release Form

\_\_\_\_\_ I understand that I will have to follow a more stringent attendance policy than the one published in the catalog. I will be allowed a number of unexcused absences equal to the number of credit hours for the course. If I exceed the allowed number of absences, UACCM will notify the VA Regional Office of my last day of attendance, and they will reduce my eligibility for benefits for the current term.

\_\_\_\_\_ I understand that I cannot repeat a course for which I have already received credit. I understand it is my responsibility to check the courses I am enrolled in and be certain I am not repeating a course. If I do repeat a course and the VA pays for the course, the VA can charge me with an overpayment.

\_\_\_\_\_ I understand the VA will NOT pay for classes that do not count as credit toward my degree requirements. I cannot take classes that do not count toward my degree requirements and expect VA to pay for the courses.

\_\_\_\_\_ I know it is my responsibility to keep the school's VA Certifying Official notified of any change in my status, and I give UACCM permission to release my information the Department of Veterans Affairs.

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Students Printed Name

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Social Security Number

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Students Signature

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Date