

CERTIFICATION REQUEST FORM:

Purpose: This form authorizes the School Certifying Official to submit enrollment information to the Department of Veteran Affairs for processing your GI Bill benefit.

Military Status (Please Circle):

Currently Active **Current Guard/Reserve** **Veteran** **Military Spouse** **Child of Military Member/Veteran**

Name (Please Print) _____ USCA email (@edu): _____

Home Phone #: _____ Cell Phone #: _____

SSN: _____ File No (Ch. 35 Only): _____

Semester Requested for Year 2019 (Please Circle):

Fall Spring Maymester Summer I Summer II

Degree/Major (e.g. B.S. Biology): _____ Minor/Concentration: _____

What benefit are you requesting to utilize this semester? (Circle All that Apply):

Montgomery (CH30) Post 9/11 GI Bill (CH 33) Voc Rehab (CH 31) Reserve or Guard (CH 1606/1607)

Dependent (CH35) Free Tuition (South Carolina Governor's Letter) TA (Tuition Assistance)

Interested in Yellow Ribbon? (Out of State Chapter 33 only): Yes No

Certification Agreement:

Please read the sentences and sign below.

The information I have provided is true. I have been informed of the purpose and use to be made of the solicited information and understand it will be used for processing my VA education benefits. I understand that:

- It is my responsibility to notify the USC Aiken Veteran and Military Student Success staff within five (5) business days of any changes in my degree program or projected semester hours (drops/adds/withdrawals/major changes) by providing an updated schedule and, if adding a class, an updated advisement form.
- I am only authorized to collect VA educational benefits for those courses and electives as indicated on my signed advisement form, which are required for my degree as stated in the USC Undergraduate and Graduate Academic Bulletin.
- I am not using TA in conjunction with other benefits for the same course.
- The school will certify me to the VA only after I have completed/renewed this and other relevant forms.
- By completing this form, you understand that your remaining entitlement will decrease once your enrollment information has been processed and that your benefits may diminish further if you are enrolled in multiple forms of training/higher education.
- **By signing below, I acknowledge and agree that I understand the above statements.**

Student Signature: _____ Date: _____

Do Not Mark Below This Line. For VMSS Personnel Only

VMSS Staff Initials: _____