

Certification Request for VA Education Benefits

DO NOT SUBMIT THIS FORM UNTIL YOU ARE ENROLLED IN CLASS AND REGISTRATION IS COMPLETE.

Return to: Financial Aid Office
Or email to: vets@gfcmsu.edu

Academic Year: _____ Term: (Check One) Fall _____ Spring _____ Summer _____

Name: _____ Student ID: _____

Phone: _____ Email address: _____

Attach a copy of your current Academic Plan to this request.

Benefit:	<input type="checkbox"/> Chapter 35 (Dependent Education Assistance) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Chapter 30 (MGIB) <input type="checkbox"/> Chapter 31 (Voc Rehab) <input type="checkbox"/> Chapter 1606 (Guard/Reservist) <input type="checkbox"/> Chapter 33 (Post 9/11) <input type="checkbox"/> Chapter 33 (Post 9/11 Transferred) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Specify payment tier: _____ First Time Using Benefit: Yes <input type="checkbox"/> No <input type="checkbox"/> Previous School: _____					
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Check each that describes your <u>current</u> situation:		Last Month/Year on Active Duty: _____
<input type="checkbox"/> Veteran	<input type="checkbox"/> Drilling Guard	<input type="checkbox"/> Active Duty
<input type="checkbox"/> Spouse or Child	<input type="checkbox"/> Drilling Reservist	<input type="checkbox"/> Utilizing Federal Tuition Assistance

List Each Class You Want Certified	OFFICIAL USE ONLY – do not write in this section				
Class Name (ex. WRIT 101)	Start Date	End Date	Credits	Res/Online	Remedial
	Enrollment Period	Resident Credits	Online Credits	Remedial Credits	
	16 week				
	1 st 8 wk				
	2nd 8 wk				
	Other				

OFFICIAL USE ONLY

(Continued on back)

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Instructions:

Complete and submit this form to the GFC MSU Veterans Coordinator **after** you have enrolled in all classes for the coming term. EXCEPTIONS: (1) If you are on a wait list for a class submit the form and note the class waitlisted. (2) If you are accepted into a program but will not register for classes until the Health Science Orientation provide a copy of your acceptance letter to the Veterans Coordinator.

- I understand the GFC MSU Veterans Coordinator reports enrollment to the VA in the same order requests are received. The VA takes up to 60 days to process enrollment claims and begin payments to the student. Enrolling in class at the last minute or failing to submit this form in a timely manner will result in a delay of benefits.
- I understand the VA will not pay for a repeated class which I previously received a passing grade for, unless the original grade did not meet the program requirements. (For example, a "C" is required and you earned a "C-".) Classes retaken to improve grades cannot be certified with the VA.
- If I am utilizing **Chapter 35, 1606 or 30**, I understand no money is paid to the school on my behalf. I understand I am responsible for all tuition, fees and books.
- If I am utilizing **Chapter 33** benefits and the VA does not pay the school the amount expected, I am responsible for the balance. I understand book stipend funds are sent to me, not the school.
- I understand that if I drop, add or withdraw classes, the school will report the change to the VA. The change in enrollment may cause me to repay funds to the VA. I understand I must report enrollment changes to the Veterans Coordinator promptly to limit the repayment liability.
- I understand I will not be paid for breaks between semesters or between blocks.
- I understand I will receive benefits only for courses that apply to my program of study.
- I understand the GFC MSU Veterans Coordinator reports the start date, end date, modality of classes and number of credits for each block to the VA. The VA determines payment amount for each block separately.
- Chapter 31/Voc Rehab Only:** I authorized the GFC MSU Veterans Coordinator to provide grades, transcripts and attendance to my VA Case Manager, if requested.
- Chapter 30 (MGIB) and Chapter 1606 Only:** I understand that I must verify my enrollment with the VA at the end of each month in order to receive payments.

The completion of this form authorizes Great Falls College MSU to certify my enrollment and provide academic information to the VA Education Department, so that I may receive VA Educational Training Benefits. I understand this request is for the term indicated above, and I must complete this form each semester.

- I have attached a copy of my current Academic Plan to this request.***

Student Signature: _____ Date: _____