

**Regent University**  
**Veterans Certification Request**

**TERM:** \_\_\_\_\_ 20\_\_\_\_

Attention Veterans: Once registered each term, please fill out BOTH PAGES completely, sign, and return to the Business Office.

**SECTION 1**

NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Home Business Cell

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_ DEGREE SOUGHT \_\_\_\_\_

**SECTION 2**

1. Are you using a transferred Post 9/11 benefit?  Yes  No (IF NO, PLEASE SKIP TO SECTION 3)
2. What is your relation to the eligible Service member?  Spouse  Child
3. Is the Service Member on active duty?  Yes  No

**IF YOU ANSWERED YES TO QUESTION 1, SKIP SECTION 3 AND COMPLETE SECTION 4.**

**SECTION 3**

Are you using TA?  Yes  No

**\*\*IF YES, CONTACT THE BUSINESS OFFICE FOR TA PROCESSING AND APPROVAL. PLEASE ATTACH A COPY OF YOUR TA AUTHORIZATION FORM TO THIS REQUEST.**

Are you currently on active duty?  Yes  No

CHECK ONE:

- |   |  |
|---|--|
| <input type="checkbox"/> Montgomery GI Bill (Chapter 30)                    | <input type="checkbox"/> 1607 (REAP)                       |
| <input type="checkbox"/> Dependent (Chapter 35)                             | <input type="checkbox"/> TA/1606                           |
| <input type="checkbox"/> Vocational Rehabilitation (Chapter 31)             | <input type="checkbox"/> TA/1607                           |
| <input type="checkbox"/> Montgomery GI Bill-Selected Reserve (Chapter 1606) | <input type="checkbox"/> Post 911 GI Bill (Chapter 33)     |
| <input type="checkbox"/> TOP UP (Montgomery GI Bill and TA)                 | <input type="checkbox"/> TOP UP (Post 9/11 GI Bill and TA) |

*Questions concerning chapter eligibility should be directed to the Department of Veterans Affairs at 1-888-442-4551.*

Is this your first time being certified?  Yes (See Below)  No

**IF YOU ANSWERED YES, COMPLETE SECTION 4. IF NO, SKIP SECTION 4 AND GO TO SECTION 5.**

**SECTION 4 – FIRST TIME CERTIFICATION**

Have you received VA benefits before?     Yes                       No

If Yes, please list prior school and last date attended under GI Bill: \_\_\_\_\_

Are you transferring credit from another institution toward your current degree program?  Yes                       No

If you qualify, do you wish advance pay?  Yes  No

**NOTE: Advance pay is only available for first time certifications, and it is NOT available under the Post 9/11 GI Bill.**

If yes, please read and initial the following: "I am aware that if I request advance pay, I will receive a check at the start of the term and will not receive another check until approximately 3-4 months later." \_\_\_\_\_ (initials)

**NEW STUDENTS ONLY: ATTACH COPY OF APPROVED DEGREE PLAN (ADP) TO THIS FORM (MAY BE OBTAINED FROM ADVISOR.)**

**Total credit hours for the term:** \_\_\_\_\_

**SECTION 5**

**STATEMENT OF UNDERSTANDING – PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW**

1. EACH TERM, I must report my registration and any changes in my enrollment to Regent University by filling out this form. Otherwise, I may not be certified and may not receive benefits. Also, for Chapters 30 & 1606- I must certify myself monthly with the VA.
2. I must be enrolled in an approved degree-seeking or certificate-seeking program and have all prior training evaluated by the end of my third quarter of enrollment.
3. I certify that all of my classes are listed on my Approved Degree Plan (ADP) and have been approved by my advisor.
4. I understand that academic probation and academic dismissal will be reported to the VA and may result in a reduced payment or decline of payment from the VA.
5. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class.
6. I understand that the VA will hold me responsible for any overpayment of my educational benefits.
7. **I understand that I am responsible to inform Regent University when I exhaust or expect to exhaust my VA benefits, and I am responsible for my remaining account balance not paid by the VA.**

***I DECLARE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS CORRECT:***

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*Regent University only certifies your enrollment status and academic progress. All questions concerning eligibility and payment should be directed to the Department of Veterans Affairs at 1-888-442-4551 or [www.gibill.va.gov](http://www.gibill.va.gov)*