

Regent University
Veterans Certification Request

TERM: _____ 20__

Attention Veterans: Once registered each term, please fill out BOTH PAGES completely, sign, and return to Registrar's 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 (GI Bill and TA) | <input type="checkbox"/> TA/33 |

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 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: 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 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. **(Please attach a copy of current ADP to this form. For new students, contact advisor to obtain ADP.)**
4. I understand that grades of F, FX, W, and WF and all Incompletes still on my transcript after one year will be reported to the VA and may result in a reduced payment or overpayment 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.

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