



Veterans Certification Request Form

Please submit completed form to faforms@regent.edu or 757-352-4042 (Fax).

Student Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Student ID#: _____ Social Security Number: _____

Dependents Only

- Which benefit are you using? CHECK ONE: Post 9/11 GI Bill (Chapter 33 Transfer) Dependents and Survivors (Chapter 35)
- Chapter 35 ONLY:** What is the Servicemember's SSN? _____
- What is your relation to the eligible Servicemember? Spouse Child
- Is the Servicemember on active duty? Yes No

Servicemembers Only

- Are you currently on active duty? Yes No
- Are you using TA? Yes No
- Which benefit are you using? CHECK ONE:

<input type="checkbox"/> Post 9/11 GI Bill (Chapter 33)	<input type="checkbox"/> TOP UP (Post 9/11 GI Bill & TA)
<input type="checkbox"/> Montgomery GI Bill (Chapter 30)	<input type="checkbox"/> TOP UP (Montgomery GI Bill & TA)
<input type="checkbox"/> Montgomery GI Bill Selected Reserve (Chapter 1606)	<input type="checkbox"/> REAP (Chapter 1607)

Advanced Pay

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

If you qualify, do you want advanced 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)

Statement of Understanding

- I understand that Regent University will continue to report my enrollment to the VA each term until or unless I request to stop using my benefits.
- I understand that if I am using Chapters 30 or 1606, I must certify myself monthly with the VA.
- I understand that if I intend to change my benefit from Post 9/11 (Ch 33) to VR&E (Ch 31) I must send written notification to vabenefits@regent.edu as early as 120 days and at least 45 days before the start of the term.
- 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.
- I understand that I will be responsible to pay for any classes that I register for which are not a degree requirement as listed on my approved degree plan.
- I understand that a failed grade, academic probation, or academic dismissal will be reported to the VA and may result in a reduced payment or decline of payment from the VA.
- 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.
- I understand that the VA will hold me responsible for any overpayment of my educational benefits.
- 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.

Signed _____ Date _____