# Veterans Administration Educational Benefits

## Student Request for Certification of Benefits

**Please submit a Certificate of Eligibility and DD214 together with this signed application to your school’s certifying official, located in the Registrar’s Office.**

*This form must be completed for each term you wish to receive benefits.*

NOTE: Do not use this form if you receive VA Vocational Rehabilitation benefits, Chapter 31, in which case you must work with your VA Rehabilitation Counselor and submit direct payment certification requests to the Registrar’s Office.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree:</td>
<td>Program of Study:</td>
</tr>
<tr>
<td>Term:</td>
<td>Number of credits enrolling for term indicated:</td>
</tr>
<tr>
<td>☐ Summer ’13</td>
<td>☐ Fall ’13</td>
</tr>
<tr>
<td>(check one)</td>
<td></td>
</tr>
<tr>
<td>Admit Term:</td>
<td>Expected Graduation Date:</td>
</tr>
<tr>
<td>SSN#:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone#: (home)</td>
<td>Phone#: (mobile)</td>
</tr>
</tbody>
</table>

### Education Benefit Chapter

(check one):

- ☐ 30 (Montgomery GI Bill)
- ☐ 1606 (Selected Reserve)
- ☐ 1607 (REAP)
- ☐ 35 (Dependent Educational Assistance)
- ☐ 33 (Post 9/11 GI Bill)
- ☐ 40% 50% 60% 70% 80% 90% 100%

*100% category processed as Yellow Ribbon, per eligibility criteria*

### Status

(check all that apply):

- ☐ Active Duty
- ☐ Veteran
- ☐ Dependent (DEA)
- ☐ Reservist
- ☐ Transfer Entitlement (spouse)
- ☐ Transfer Entitlement (child)
- ☐ National Guard - which state?

If Active Duty, will you be using TA?  Y / N  

If yes, what amount? $  ____________

### Did you file a FAFSA this year?  Y / N

My signature below indicates that I understand that in order to comply with Veteran’s Administration regulations, Touro College and University must submit registration and academic progress reports to the Veteran’s Administration. **Furthermore, I must report any changes in my registration status (listed below) within two weeks from the date of their occurrence.** I also understand that registration changes may affect the VA Benefit amounts paid to me. A change in my registration can cause overpayment on my VA account, which I would be required to repay.

**Registration changes that must be reported:**

**Added** Classes Report the day the add becomes effective

**Dropped** Classes Report the last day of attendance in the class

**Audit** Grades Report this grade option, if I choose it. The VA will not pay for classes for which I request an audit grade.

**Withdrawals** Report the last day of attendance

**Repeated** Classes Report any class I am repeating for credit. The VA will pay for such a class only if the initial grade was an “F.”

**NA or Missing Grade** A class with an “NA” (Never Attended) grade or missing grade will not be paid by the VA I will be responsible to repay any monies received for these classes.

I have read and understand the above statements and agree to comply.

________________________  ______________________  ______________________
Signature  Date  Email Address (please print)
TO BE COMPLETED BY REGISTRAR AND FORWARDED TO BURSAR:

Semester: __________________________ Student ID#: __________________________

Student Name: ______________________ Program: ____________________________

Student is Registered: Y/N

Registrar Name: ____________________ Signature: __________________________ Date: __________

TO BE COMPLETED BY BURSAR AND FORWARDED TO FINANCIAL AID:

TUITION __________________________

FEES __________________________

TOTAL __________________________

Bursar Name: ______________________ Signature: __________________________ Date: __________

TO BE COMPLETED BY FINANCIAL AID AND FORWARDED TO THE BURSAR:

TUITION/FEE SCHOLARSHIPS __________________________

OTHER FEDERAL PROGRAMS __________________________
(Yellow Ribbon Match, TA, MYCAA)

STATE TUITION WAIVERS __________________________
(TAP, Veterans Tuition Assistance (VTA), ETC.)

Bursar Name: ______________________ Signature: __________________________ Date: __________

Excluded from this adjustment calculation are loans, Title IV funding (e.g. Pell Grant), and any “general” scholarships or grants not specifically intended to cover tuition and fees.

TO BE COMPLETED BY REGISTRAR:

I have certified and notified the Student Named Above.

Registrar Name: ____________________ Signature: __________________________ Date: __________