



### Veterans Certification Request Form

Name:

Student ID:

Regent Email:

#### Service Member Section

Indicate Military Status:      Active-Duty      Veteran      Reservist      National Guard

Which benefit do you plan to use? Please check one:

Post 9/11 GI Bill (Chapter 33)

TOP UP (Post 9/11 GI Bill & TA)

Montgomery GI Bill (Chapter 30)

TOP UP (Montgomery GI Bill & TA)

Montgomery GI Bill Selected Reserve (Chapter 1606)

#### Spouse/Dependent Section

Which benefit are you using? Please check one:      Post 9/11 GI Bill (Ch 33 Transfer)      Dependents and Survivors (Chapter 35)      Fry Scholarship (Ch 33)

- If using Chapter 35, provide the service members social security number (SSN):

Indicate your relationship to the eligible service member:      Spouse      Child

Is the service member on active duty?      Yes      No

#### Advanced Pay

Advanced pay is only available for first-time certifications and is not available under the Post 9/11 GI Bill.

If you qualify, do you wish to use advanced pay?      Yes      No

If you plan to use advanced pay, check that you understand that you will receive a check at the start of the term and will not receive another check until approximately 3-4 months later.

#### Statement of Understanding

1. I understand that unless I request to stop using my benefits at least 30 days prior to the start date of a semester, Regent University will continue to report my enrollment to the VA each term. I also understand that failure to submit the request at least 30 days in advance may result in denial of the request for termination.
2. I understand that if I am using Chapters 30 or 1606, I must certify myself monthly with the VA.
3. I understand that if I intend to change my benefit from Post 9/11 (Chapter 33) to Veterans Readiness and Employment (Chapter 31) I must send written notification to [milaid@regent.edu](mailto:milaid@regent.edu) as early as 120 days and at least 45 days before the start of the term.
4. I understand that 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.
5. I understand that I will be responsible to pay for any classes that I register for which are not a degree requirement and listed on my approved degree plan.
6. 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.
7. 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 length of the class.
8. I understand that the VA will hold me responsible for any overpayment of my educational benefits.
9. 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.
10. I understand that Regent University only certifies my enrollment status and academic progress, and that all questions concerning eligibility and payment should be directed to the Department of Veterans Affairs at 1-888-422-4551 or [www.gibill.va.gov](http://www.gibill.va.gov).

Signature:

Date:

Submit this form to [faforms@regent.edu](mailto:faforms@regent.edu) once complete.