



### Certification Request for VA Benefits

Complete EVERY SEMESTER in order to receive your veterans educational benefits.

Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Athens State ID Number \_\_\_\_\_

Phone: \_\_\_\_\_

**VA Benefit Chapter:**

- Chapter 33 (Post 9/11)
- Chapter 30 (Montgomery GI Bill)
- Chapter 31 (Vocational Rehabilitation)
- Chapter 1606 (Select Reserve)
- Chapter 35 (Dependent) VA File# \_\_\_\_\_

Please list other scholarships or tuition assistance that you receive.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Declared Major: \_\_\_\_\_  BA  BS  MA/MS

**Only Courses That Apply Toward Your Major Can Be Certified**

CRN	Prefix	Credit Hrs	CRN	Prefix	Credit Hrs
<i>Example: 20993</i>	MA 302	4			

Is Athens State University your parent institution?  Yes  No

If no, please give us the name of your parent institution \_\_\_\_\_

Do you have a transient letter on file in the Athens State VA Office and the Records Office from your parent institution?  Yes  No

I certify that all information contained herein is complete and correct. I understand that completion of this form assures me of enrollment certification with the Department of Veterans Affairs. I understand that continued eligibility for VA educational benefits relies upon my meeting satisfactory academic progress.

I understand that I am required to notify the School Certifying official of any schedule changes.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Athens State VA office use only:**

Hours On campus \_\_\_\_\_ Hours Online \_\_\_\_\_ Tuition \_\_\_\_\_

1st Mini-term \_\_\_\_\_ 2nd Mini-term \_\_\_\_\_ SGASTDN \_\_\_\_\_ VAOnce \_\_\_\_\_ BO \_\_\_\_\_