



UVI-VETERANS REQUEST FOR CERTIFICATION

NAME: _____ SIGNATURE: _____
 STUDENT ID#: _____ SOCIAL SECURITY: _____ DATE OF BIRTH: _____
 EMAIL: _____
 CELL PHONE: _____ HOME PHONE: _____
 MAILING ADDRESS: _____

Is this your new address? YES or NO **Select a Semester:** Fall Spring Summer I Summer II

Degree: Associate's Bachelor's Master's **(Please indicate Major/Program currently pursuing)**
Major/Program: _____ **Is this the same major you had last term** YES or NO

Are you currently serving in the military? YES or NO **if yes, are you:** Active Duty or Guard/Reserve

Please select GI Bill® Benefits program: Please submit Certificate of Eligibility for your respective GI Bill®.

- Chapter 30 – Montgomery GI Bill®
- Chapter 31 – Vocational Rehabilitation
- Chapter 33 – Post 9/11 GI Bill®
- Chapter 1606 – Selected Reserve/National Guard
- Chapter 1607 – Reserve Education Assistance Program (REAP)
- Chapter 35 – Survivor's and Dependents' Assistance

Are you planning to use Military Tuition Assistance? **Federal** YES or NO **State** YES or NO

INITIAL EACH LINE TO INDICATE THAT YOU READ & UNDERSTAND YOUR RESPONSIBILITIES

- _____ I must complete a new Veterans Request for Certification form **EACH** term that I wish to use GI Bill® Benefits.
- _____ I understand that **ANY** registration changes, enrolling in an unauthorized repeat, or enrolling in a course not required to fulfill my stated educational objectives may change my eligibility for GI Bill® Education benefits and might create a debt with either the University of the Virgin Islands, the Department of Veterans Affairs, or both.
- _____ I **MUST** notify the certifying official if I add, drop, withdraw or otherwise stop attending any of my classes.
- _____ I understand that **ONLY** courses that apply toward my declared major are eligible for certification.
- _____ I understand that I must make satisfactory progress toward my educational goal and that the school will report changed in my enrollment status, lack of academic progress, and any other information requested to the VA.

OFFICE USE ONLY:	Process by: _____ Date: _____			
	FALL 20 _____	SPRING 20 _____	SUMMER I 20 _____	SUMMER II 20 _____
Regular Credits				
Remedial/Skills				
Video Credits/Online				
Total Credits				
TUITION	\$	\$		\$
FEES	\$	\$		\$
TUITION & FEES TOTAL	\$	\$		\$