



VA EDUCATION BENEFITS CERTIFICATION REQUEST

Campus Location: Main Campus Global Campus

This form is to be submitted for each semester you are enrolled. You may select multiple sessions per semester.

Semester: Fall Spring Summer **Session:** 1 2 3 **Year:** 20____

Student's Name: _____ SCID: _____

Phone: _____ Email Address: _____

Degree: Bachelor's Degree Master's Degree Doctoral Certificate Other

Major: _____

Student Status:

New – please submit a copy of your certificate of eligibility (COE) to va@sckans.edu.

Returning – **Has your major/degree changed since last semester?** Yes No

Military Status: Active Duty National Guard Reserve Veteran Dependent/Spouse

Branch of Service: Army Air Force Navy Coast Guard Space Force Marine

VA Chapter Being Used:

- Chapter 30: Montgomery GI Bill®
- Chapter 31: Vocational Rehabilitation & Employment (VR&E)
- Chapter 33: Post 9/11 GI Bill® (_____%)
- Chapter 35: Survivors' & Dependents' Educational Assistance
- Chapter 1606: Montgomery GI Bill® - Selected Reserve

Will you be using Tuition Assistance: Yes No **If Yes:** Federal State

Are you graduating this semester? Yes No

If yes, anticipated Graduation Date: _____

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Please list all courses in which you are enrolled for the current semester:

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Required for Degree</u>	<u>Repeated Courses</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT CERTIFICATION

By submitting this form, I acknowledge and agree to the following:

- All information I have provided is true and complete to the best of my knowledge.
- VA education benefits may only be used for courses required for my approved degree program.
- VA benefits are paid based on training time/rate of pursuit and may be adjusted if I am not enrolled full-time for the entire semester.
- I am responsible for reporting **all enrollment changes** to the Military Benefits Coordinator (adds, drops, withdrawals, repeats, schedule changes, or courses outside my degree plan) and understand failure to do so may result in an overpayment and required repayment to the VA.
- A new Enrollment Certification Request form is required **each semester** I use VA benefits or if my benefits change.
- I am responsible for any tuition and fees not covered by VA education benefits.
- I must maintain satisfactory academic progress, and I understand that academic probation, suspension, dismissal, graduation, non-punitive grades (W), and incomplete grades (I) are reported to the VA and may affect my benefits or result in repayment.
- For **Chapter 1606** users: Federal Tuition Assistance cannot be used concurrently with VA benefits. Use of both may result in termination of benefits and repayment to the VA.

Student Signature: _____ Date: _____