VETERANS REQUEST FOR CERTIFICATION

PLEASE SUBMIT ONLY IF YOU ARE USING GI BILL BENEFITS FOR THE TERM BELOW

Please submit completed form to the Financial Aid Office in Building H, Rm. 708, by fax to: (706) 425-3086 or by e-mail to va@athenstech.edu

NAME: **STUDENT ID:**

ADDRESS:

CITY: **STATE:** **ZIP:**

PHONE NUMBER:

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

Please select GI Bill Benefits program:

☐ Chapter 33 – Post 9/11 GI Bill
☐ Chapter 30 – Montgomery GI Bill
☐ Chapter 35 – Survivors' and Dependents' Assistance
☐ Chapter 31 – Vocational Rehabilitation
☐ Chapter 1606 – Selected Reserve/National Guard
☐ Chapter 1607 – Reserve Educational Assistance Program - REAP

Degree: ☐ Associate's ☐ Diploma ☐ Certificate

Major/Program: **Is this the same major you had last term?** ☐ YES ☐ NO

Term Requested: ☐ Fall ☐ Spring ☐ Summer

Course Number (i.e. ENG 101)	Course Name (i.e. English Comp I)	Repeat Course?	In-seat or Online?	Campus Location

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

_____ I must complete a Veterans Request for Certification form **EACH** semester that I wish to use GI Bill benefits.

_____ I understand that **ANY** registration changes or enrolling in a course not required to fulfill my stated program of study may change my eligibility for GI Bill Education benefits and could create a debt with either Athens Technical College, the Department of Veterans Affairs, or both.

_____ I **MUST** notify the college certifying official if I add, drop, withdraw or otherwise stop attending any of my classes.

_____ It is my responsibility to promptly notify the college certifying official of any registration changes.

_____ I understand that I must make satisfactory progress toward my educational goal and that the school will report changes in my enrollment status, lack of academic progress, and any other information requested to the VA.

Signature: _____ **Date:** _____