

University of Great Falls

FALL / SPRING/Summer (circle one) Education Benefit Certification Request Form

Name (Last, First M.I.)			
Student ID Number		Social Security Number	
@000			
Street Address		City	State
Home Phone		Cell Phone	Email Address
FALL SEMESTER CERTIFICATION		SPRING SEMESTER CERTIFICATION	
Certification Year: 20____	# Credit hours: _	Certification Year: 20____	# Credit hours: _____
Name of Major		Type of Major (please check one)	
		<input type="checkbox"/> Bachelor of Science	<input type="checkbox"/> Bachelor of Arts
		<input type="checkbox"/> Undeclared	
Education Benefit Being Applied For (please check one)			
<input type="checkbox"/> Chapter 31 (VA Voc Rehab)			
<input type="checkbox"/> Chapter 33 (Post-9/11 GI Bill) VETERAN			
<input type="checkbox"/> Chapter 33 (Post-9/11 GI Bill) TRANSFER OF ENTITLEMENT			
<input type="checkbox"/> Chapter 30 (Montgomery GI Bill)			
<input type="checkbox"/> Chapter 35 (Dependent), please provide the claim number: _____			
<input type="checkbox"/> Chapter 1606 (Active Reserve or National Guard)			
<input type="checkbox"/> Chapter 1607 (REAP)			
<input type="checkbox"/> Active Duty			
Certification Status (please check one and complete any additional information, if needed)			
<input type="checkbox"/> First time – I have never used my education benefits and would like to begin using them at the University of Great Falls.			
<input type="checkbox"/> Continuing – I have attended and used my benefits at the University of Great Falls during this past semester.			
<input type="checkbox"/> Reinstating – I have attended and used my benefits at the University of Great Falls but did not attend this past semester.			
Last Semester Attended: <input type="checkbox"/> Spring/Year _____ <input type="checkbox"/> Fall/Year _____ <input type="checkbox"/> Summer/Year _____			
<input type="checkbox"/> Transferring – I have used my education benefits at a different school and want to transfer to the University of Great Falls.			
<input type="checkbox"/> Changing Status – I am adding / dropping a course.			
Initial Credit Hour Total: _____ hours New Credit Hour Total: _____ hours			
<input type="checkbox"/> Withdrawing – I am completely withdrawing from all classes.			

Please **READ, INITIAL** and **SIGN** the back side of this page.

Important Requirements and Guidelines. Please read, initial and sign.

Initial

I understand that the following requirements listed on this form are set forth by the University of Great Falls, VA School Certifying Official (SCO) and are for the purposes of administering my educational benefits only. It is my responsibility to seek and understand any additional requirements set forth by the University of Great Falls in order to begin, maintain and/or end my enrollment at this institution.

I understand that I must check both my mail and e-mail on a continuous basis for important information regarding my education benefits. I also understand that my mail and e-mail address must be updated with both the University of Great Falls VA Certifying Official and on my University of Great Falls account.

I understand that I must notify the University of Great Falls VA Certifying Official as soon as any of my personal information changes to include, but not limited to a change of address, phone number, name, direct deposit information etc.

In addition to completing this form **EACH** semester, I understand that I must also provide the following after **EACH** semester to the University of Great Falls VA Certifying Official:

- 1) Copy of updated Certificate of Eligibility which is received after each semester from the VA (for most Chapters) . This letter will provide information regarding the remaining eligibility of benefits.

I understand that I must complete the appropriate paperwork located at the Registrar’s Office in the event that I decide to change my major. I must also notify the University of Great Falls VA Certifying Official of the change in major.

I understand that I must notify the University of Great Falls VA Certifying Official immediately upon a change in course load (adds, drops, withdraws, Incompletes) as this may result in an over/underpayment of my educational benefits.

I understand that I will not receive educational benefits for retaking classes that I have already successfully completed.

I understand that all remedial courses, internships, externships, independent studies, cooperative education agreements, and concurrent enrollments must be approved by the University of Great Falls VA Certifying Official in order to be approved by the VA.

I understand that it is my responsibility to immediately report all enrollment changes and schedule changes to the University of Great Falls VA Certifying Official.

I understand that by not complying with the above listed guidelines, my educational benefit payments may be delayed, suspended and/or I may be required to reimburse the Department of Veteran’s Affairs for all or a portion of the educational benefit payments that I have received for this entire semester. I understand that the School Certifying Official for the University of Great Falls will share and submit student information, such as semester and hours registered, grades, billing information and directory information to the Department of Veteran Affairs. The information is confidential and shall be used only for the purposes of obtaining your GI Bill Education Benefits.

Please refer to your “Summary of Educational Benefits” supplied by the VA or call the VA at the below listed phone number for a complete understanding of your educational benefits.

I have read and understand the requirements listed above

Signature

Date

University of Great Falls Financial Aid Office
1301 20th St South
Great Falls, MT 59405

VA Regional Office, St. Louis

Phone (888) 442-4551

Phone: (406) 791-5235
Fax: (406) 791-5209

General VA education information:
www.gibill.va.gov