



# VA Request for Certification SAMFORD UNIVERSITY

Print the form, complete it, and send it to the Office of the Registrar (800 Lakeshore Drive, Birmingham, AL 35229-7030), email it to [swilson6@samford.edu](mailto:swilson6@samford.edu), or FAX it to (205) 726-2908. PLEASE TYPE OR PRINT CLEARLY.

Name: \_\_\_\_\_  
Last
First
Middle

Banner SUIID: \_\_\_\_\_ VA File Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Class Status: \_\_\_\_ FR \_\_\_\_ SOPH \_\_\_\_ JR \_\_\_\_ SR \_\_\_\_ GRAD

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you transferring from another university? \_\_\_\_\_ (If yes, you must send a 22-1995 or 22-5495 form to the VA.)

Samford University Email Address: \_\_\_\_\_

**IMPORTANT.** Please note amount(s) of any Samford-awarded scholarships: \$ \_\_\_\_\_ / term

I am  An Active Duty member of the military or  The dependent/spouse of a retired service member or  The dependent/spouse of an Active Duty service member **(Choose one, if applicable.)**

VA Benefit:	Please certify me for the following terms/years:
____ Chapter 30 (MGIB – ACTIVE DUTY)	____ Fall 2016
____ Chapter 31 (VOC REHAB)	____ Jan Term 2017
____ Chapter 32 (VEAP)	____ Spring 2017
____ Chapter 33 (Post 9/11 GI BILL) <b>Percentage?</b> _____	____ Summer 2017
____ Chapter 35 (SURVIVORS/DEPENDENTS)	____ Fall 2017
____ Chapter 1606 (MGIB – NATIONAL GUARD ____ RESERVES ____)	____ Jan Term 2018
____ Chapter 1607 (RESERVE EDUCATIONAL ASSISTANCE PROG - REAP)	____ Spring 2018
	____ Summer 2018

**STATEMENT OF UNDERSTANDING:**

I fully understand that I must report any changes to the VA Certifying Official immediately. I am aware that changes in my enrollment status may alter the payment the VA will award me. I also understand that I will be held liable for any overpayment that I might receive from the VA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_