



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, 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 2018
____ Chapter 31 (VOC REHAB)	____ Jan Term 2019
____ Chapter 32 (VEAP)	____ Spring 2019
____ Chapter 33 (Post 9/11 GI BILL) Percentage? _____	____ Summer 2019
____ Chapter 35 (SURVIVORS/DEPENDENTS)	____ Fall 2019
____ Chapter 1606 (MGIB – NATIONAL GUARD ____ RESERVES ____)	____ Jan Term 2020
____ Chapter 1607 (RESERVE EDUCATIONAL ASSISTANCE PROG - REAP)	____ Spring 2020
	____ Summer 2020

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: _____