Department of Military and Veteran Services
907-474-7400
Fax Number: (907) 474-7444
uaf-va@alaska.edu

FA 22-1999

Certification Request Form

Year: 20____ **Semester:** ☐ Fall ☐ Spring ☐ Summer

Name _____ **Student ID** _____

Email _____ **Phone** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Degree Program: _____ Have you changed your major since last semester? ☐ No ☐ Yes

I am:

☐ **A returning UAF student and using the same educational benefit.**

☐ **New to the bill or new to UAF.** New students must submit a Certificate of Eligibility or Summary of Benefits from eBenefits account to uaf-va@alaska.edu before certification can occur.

☐ **Student Eligible for veteran's educational benefits may also qualify for IN STATE tuition!** If you need this adjusted please provide supporting documentation (including but not limited to a DD214, military ID or Certificate of Eligibility).

☐ **Transferring**: I previously applied for VA Education Benefits while attending another school. I authorize UAF to notify the VA Regional Processing Office that I have changed schools. I have submitted the VA Change Form.

Please check which benefit you are using.

☐ Post 9/11 Chapter 33 (Veterans, dependents or transferred benefits)

☐ Montgomery GI Bill Chapter 30

☐ Active Reservist Chapter 1606

☐ Reservist who served active duty Chapter 1607

☐ Dependent of deceased or 100% disabled veteran Chapter 35
File Number/Sponsor Social Security Number: _____

☐ Vocational Rehabilitation Chapter 31
(Must have a current 1905 on file from counselor to be certified.)
Voc Rehab Counselor:

- Tom Clark
- Ann LeFavor
- Tommie Hutto
- Other- Counselor's Email: _____

☐ I understand Any certifications and adjustments made after the first day of class may not be certified by fee payment deadline and I will be responsible for making payment arrangements until my classes can be certified.

☐ I understand I must complete a Certificate Adjustment Form each time I add/drop Course, or a VA Change Form to change my major, declare a minor, the type of VA benefits I am utilizing.

☐ I understand Changing my course selection after initial certification may create a debt with the VA.

☐ I understand The VA counts certified courses and dates of attendance when calculating rate of pursuit (i.e. full-time, ¾ time, ½ time etc…). If I am utilizing Post 9-11 GI Bill Benefits, my rate of pursuit (i.e. full-time and percentage of full-time) will be applied to any BAH payment I am entitled. My BAH will be prorated for partial months of attendance.

☐ I understand If I am utilizing Post 9-11 GI Bill Benefits, and take a course load that is ½ of full time or lower I will not receive any BAH from the VA.

☐ I understand UAF School Certifying Officials will send communication to my preferred email account with regards to VA certifications if there is any concerns or oddities.

☐ I understand If I am utilizing Post 9-11 GI Bill Benefits, my tuition and fees will be reported to the ***VA after the Add/Drop period. This means my account with UAF will show a balance until the VA sends funds. UAF School Certifying Official will notify the Bursar's Office that funding is coming, and I will NOT receive late fees nor be dropped from classes for balances owed by the VA unless I have made adjustments after the first day of class, or if a class is not certified.***

☐ I understand If I am utilizing Post 9-11 GI Bill Benefits, I am responsible for the tuition and fees for all courses that are not ***required*** for your degree plan. Including all charges not covered by my VA benefits by the fee payment deadline.

☐ I understand If you are utilizing Post 9-11 GI Bill benefits, failure to pay charges not covered by the VA will result in a hold and late fees being applied to my account and possibly dropped from your classes for non-payment.

CERTIFICATION: By signing this document, I confirm that my schedule is complete and I understand only eligible courses will be certified with the VA and I am responsible for all charges not covered by the VA benefits by the payment deadline. The deadline to submit this form to guarantee processing before the payment deadline is the first day of classes. If I add or drop courses, I will submit a Certification Adjustment Form for review.

_____ _____

Student Signature Date