Springfield College

VETERANS REQUEST FOR CERTIFICATION FORM

Please return this form to the Springfield College Veterans Certifying Official at your campus.

I plan to attend Springfield College for the academic term indicated below, and request that my enrollment be certified with the Veterans Certifying Official. I understand that filling out this form does not automatically certify me for VA benefits.

Name	Student ID			
Address				
City State Zip	State Zip Phone (cell)			
My VETERAN STATUS IS: (Please check the appropriate category)				
☐ CH. 30 – Montgomery G. I. Bill ☐ CH. 31 – Vocational Rehabilitation		CH. 1606 – Selected Reserve/ National Guard		
☐ CH. 35 – Survivors & Dependents Assistance ☐ CH. 33 – Yellow Ribbon		CH. 33 – Post 9/11 GI Bill CH. 33 – Post 9/11 GI Bill (<i>Spouse/Dependent</i>)		
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Degree you are pursuing: Majo	or: _			
Check Term:	Į.	☐ Summer Term		
Are you anticipating any form (s) of federal funding, scholarships, fellowships for this term: [Yes [NO] If yes, funding source: Amount: (Federal include PELL, Direct Loans, etc.)				
 I understand that before the enrollment certification I am responsible for: Submitting a copy of 22-DD214 and Certificate of Eligibility (COE) to the College Veterans Certifying Official Informing the Veterans Certifying Official of any changes in my schedule (add/drop). Attending all my classes. If I completely stop attending any of my classes, I must formally withdraw by following the College withdrawal process and notifying the Veterans Certifying Official. Payment of any debt that may be incurred due to changes in my enrollment. Coordinating with each school's Veterans Certifying Official, if I attend another university or college using Veterans Administration of Defense benefits. Otherwise, I may not be paid. 				
Please plan accordingly for the possibility of delayed payments Be aware that due to the large number of people using the GI Bill benefits, the VA processing of education benefits may take some time. The Veterans Certifying Official is not part of the Department of Veterans Affairs and does not determine when the VA will issue payments for benefits.				
I understand that it is my responsibility to ensure that all the necessary steps are taken to receive VA Educational Benefits.				
By signing, I acknowledge that I have read and understand the above statements.				
Signature:		Date:		
Print Name:		Date:		
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