

REQUEST FOR CERTIFICATION - VAEmail form to va@montgomerycollege.edu

A separate form must be submitted every term/semester.

FALL ☐ **WINTER** ☐ **SPRING** ☐ **SUMMER I** ☐
SUMMER II ☐ **YEAR** _____

Which campus will you take most of your classes this term?

☐ Rockville ☐ TP/SS ☐ Germantown ☐ Online

MC I.D.# _____

Last Name: _____

First Name: _____

Address: _____

You **MUST** fill out an address change form with the Enrollment Services Office, if the address above is a new address.

☐ Please check if you have changed your major

Estimated Date of Graduation: _____

Major: _____

Email - Address: _____

Phone: _____

Please indicate the type of benefit you intend to use:

☐ **Chapter 33 (Post 9/11 GI Bill)**

- ☐ I am a veteran/service member
☐ I am a dependent of the veteran/service member
(transferred benefits)

☐ **Chapter 30** ☐ **Active Duty**

☐ **Chapter 31**

Authorization #: _____
(Provide authorization # if known)

VR&E Counselor's information:

Full Name: _____

Contact email: _____

☐ **Chapter 35** (Survivors & Dependents Educational Assistance)

New CH.35 VA Claimant: Please provide your Veteran Sponsor's First and Last names.

First Name: _____

Last Name: _____

☐ **Chapter 1606/1607** (Active Selected Reserves/National Guard)

YOUR STATUS

- ☐ New VA claimant ☐ Continuing student
☐ Transfer student
☐ Guest student (Parent letter from Primary Institution, and permission to enroll at another Institution required)

☐ **I Request to have a HOLD put on my schedule to avoid non-payment deletes.**

STUDENT ACCOUNTABILITY STATEMENT

I am responsible for payment of all tuition and fees that my VA benefits do not cover.

I understand that completion of this form assures me of enrollment certification with the DVA.
I understand that a hold will be placed on my account that will prevent my classes from being dropped for non-payment. If I decide not to attend my classes, I am responsible for dropping them and I must notify the school VA Office of any schedule change(s). If I do not fulfill this obligation my benefits may be delayed. **If I drop my classes, I am required to return the funding that I have been provided.**

Signature: _____

Date: _____

PROMISSORY NOTE FOR VETERANS
EDUCATION BENEFITS

Montgomery College [MC] will not be able to “hold” your classes unless this form is on file along with your Certificate of Eligibility for CH. 33.

Name: _____

Initial each block:

GI-Bill Chapter 33 Benefits

Enrollment verification is a requirement for Post-9/11 GI Bill students to verify that they have remained enrolled in the same courses or training every month. Students who receive MHA/kicker payments will have their payments withheld if they fail to verify or report that they are no longer enrolled in their courses or training. To streamline the process, VA is providing the option to verify **enrollment easily and securely via text message.** Read more below.

_____ Certify my class schedule for **GI-Bill Chapter 33 benefits**. I understand that: 1) The VA will pay the college a percentage of my tuition and fees if I am determined to be eligible for Chapter 33 benefits. The percentage of my tuition and fees that the VA will pay the college is based on my active service time since 9/11/2001 as determined by the VA; 2) I am responsible for paying any tuition and fees balance owed to the college if the VA does not pay 100% of my tuition and fees; 3) I must provide MC's VA Coordinator with a copy of my *VA Chapter 33 Certificate of Eligibility* as soon as it arrives. My *VA Chapter 33 Certificate of Eligibility* will state my approved benefit percentage of payment.

_____ I am responsible for purchasing my own textbooks each semester. If I am determined to be eligible, the VA will award me a book allowance based on my course load.

_____ I understand that enrollment verification is a requirement for Post-9/11 GI Bill students. I know I must verify that I have remained enrolled in the same courses or training every month. Students who receive MHA/kicker payments will have their payments withheld if they fail to verify or report that they enrolled in their courses of training.

_____ I understand that the VA will pay me the monthly E-5 married BAH rate for Montgomery County as long as: 1) I register more than half-time (7+ credits) in a semester AND 2) At least one of my classes is on campus. I understand that **NO** monthly payment of BAH will be paid by the VA if I register for less than half-time (6 credits and under) in the fall and spring semester.

ALL VA CLAIMANTS MUST COMPLETE THIS SECTION. Initial each block:

_____ I understand that I must contact the MC Enrollment Services VA Specialist prior to declaring a dual objective with the college. The combination of an associate degree and a certificate program or two certificate programs **MUST** be approved by the State of Maryland before these can be certified with the VA.

* CH.31 students are not approved for a dual degree and/or dual objective.

_____ I understand that I must immediately notify the MC Enrollment Services VA Specialist of any changes made to my class schedule by me or anyone else under any circumstances (i.e. adds, drops, withdrawals, change of major, etc.). Failure to notify the VA Coordinator may result in me owing the VA for an overpayment. I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to the college on my behalf.

_____ I understand that I must attend all classes to the end of the term.

_____ I understand that the VA will only pay for classes required for my degree plan.

_____ I understand that enrollment verification is a requirement for all students using VA benefits (except CH.31). I know I must verify that I have remained enrolled in the same courses or training every month.

Each semester, the VA office verifies all veteran registered classes to confirm each class is required for that student's degree plan. I must notify the MC Enrollment Services VA Specialist of any change to my degree plan within 24-hours of a change being made.

Signature: _____

Date: _____