

2006–2007 VETERAN REQUEST for CERTIFICATION

PLEASE PRINT LEGIBLY

Name: _____ Chapman ID#: _____
LAST FIRST MI

Student SS #: _____ Phone # Day: _____ Evening: _____

BENEFIT:

- (Ch 30) Montgomery-New GI Bill
- (Ch 31) VA Voc. Rehab
- (Ch 32) VEAP-Post Vietnam Veterans Assistance Program
- (Ch35) Dependent Educational Assistance
- (Ch 106) Montgomery GI Bill-Selective Reserve Pay
- (Ch 107) Educational Assistance Program
- (Ch 1606) Guard Reserve
- Active Duty (now)
- (Section 156) REPS-Restored Entitlement Benefits for Survivors

1. Will you be receiving veteran's education benefits throughout the 2006-2007 academic year?
 Yes No
2. How much money will you receive per month for veteran's education benefits?
 \$ _____ per month for _____ month(s).
3. Will your benefits end during the 2006-2007 academic year?
 Yes No If yes, what date will they end? ____/____/____
4. Are you receiving the College Fund or a kicker with your GI Bill? (Applies to Chapter 30)
 Yes No
5. Did you originally join prior to 1/1/1977? Yes No
6. Are you a new student? Yes No
7. Class Standing: Undergraduate Graduate
8. Will you be applying for Financial Aid? Yes No
9. Are you taking any courses at another institution? Yes No
10. Are you repeating any courses? Yes No
11. Which one(s)? _____
12. Have you received your Certificate of Eligibility to receive VA Benefits for Chapman University from the VA? Yes No

TERM AND COURSE/S YOU ARE REQUESTING CERTIFICATION FOR:

TERM (Ex.2006C)	COURSE TITLE	UNITS	ONLINE (YES/NO)	TUITION

I request a change in place of training from (list prior school) _____

I am requesting a change of program. New Program: _____

STATEMENT OF UNDERSTANDING – PLEASE READ AND SIGN BELOW

1. EACH TERM I must report my registration and any changes in my enrollment to my home campus Veterans Coordinator.
2. I understand that The Department of Veterans Affairs (VA) supervises the programs of all students receiving VA benefits. You have agreed to this supervision by signing the application for benefits. In addition, your signature allows Veterans' Services to release school records to the VA.
3. I understand I must be enrolled in an approved program of study that leads to a standard college degree.
4. I do not expect to be paid by the VA for classes previously passed.
5. I understand that if I reduce or terminate school attendance or otherwise change my enrollment **I MUST** inform Veterans' Services immediately.
6. I understand that the VA will hold me responsible for any overpayment of my educational benefits resulting from any changes.
7. I will insure that the classes I am taking are required in my program.
8. I understand that I must make satisfactory progress toward graduation.
9. I understand that I may take courses related to my degree at more than one school, and I will be requesting certification of these units.
10. I understand it is my responsibility to submit a Petition for Concurrent enrollment with Chapman University in advance of registration. I understand failure to do so will result in those units not being certified, and Chapman cannot guarantee acceptance of those units.

Certification: I declare the information in this application to be true, accurate, and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid. I wish to apply for VA benefits at Chapman University College.

Signature: _____ Date: _____

Revised 5/16/06
P. Graham