

Request for VA Benefit Certification

Name _____ Program _____

Term to Begin Certification _____

GI Bill® is a registered trademark of the
U.S. Department of Veterans Affairs

Are you currently active duty in the military? Yes ☐ No ☐

Which benefit do you plan to utilize?

- ☐ **Chapter 30** – Montgomery GI Bill®
Are you approved for TA and want to use "Top-up"? Yes ☒ No ☐
- ☐ **Chapter 31** – Veteran Readiness and Employment (VR&E)
Please provide VR&E Counselor Email: _____
- ☐ **Chapter 32** – Veterans' Educational Assistance Program (VEAP)
- ☒ **Chapter 33** – Post 9/11 GI Bill®
Eligibility Percentage: CH 33 %
- ☐ **Chapter 35** – Dependents' Educational Assistance
The sponsor's name and VA file number is required.
Please call or send an encrypted email to an ATSU SCO with this information.
- ☐ **Chapter 1606** – Montgomery GI Bill® – Selected Reserve

Have you used your benefit within the last VA academic year (Aug 1-July 31)?

Yes ☐

No ☐

If yes, submit **form 22-1995**: Request for Change of Program or Place of Training to the VA. You can mail the physical form to the VA Regional Processing Office or submit the form using the VA's online tool.

Were your benefits transferred to you via sponsor?

Yes ☐

No ☒

Please initial next to each statement below to verify that you have read and agree to the following:

I must notify my SCO immediately if my class schedule changes due to courses being canceled, dropped, or added. Failure to do so may result in a debt to the VA or University for which I will be responsible.

I must submit my military transcripts (Joint Service Transcripts or Community College of the Air Force). If submitting additional transcripts directly to the SCO, you may provide unofficial copies.

I must submit all college transcripts from every institution that I have previously attended, if they were not submitted during the Admissions process. Unofficial transcripts are acceptable if submitted directly to the SCO.

If utilizing Chapter 33 tuition & fees benefit, it may not cover your entire ATSU balance. Please contact a SCO if you would like to meet to understand your benefits and how it will apply towards your tuition and fees during your enrollment.

I have read and understand ATSU's transfer credit policy as written in the catalog and how it is applicable to my program at ATSU.

By signing below, I understand the terms and conditions of utilizing my military education benefits at ATSU.

Signature _____

Date _____

School Certifying Officials

Kaylee Morgenstern, MBA
Mariel Molina Silvey, MAE

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