**GIBill® Certification Worksheet – NEW Student**

*Please Note: All Veteran students using GI benefits need to submit this information every semester. If you are a returning student, complete the form on this page* [*http://www.ric.edu/studentveterans/Pages/GI-Bill-Certification-Worksheet.aspx*](http://www.ric.edu/studentveterans/Pages/GI-Bill-Certification-Worksheet.aspx) *Please read carefully and complete all areas that apply. The VA certifying officials will not process your certification until the form is received. Failure to submit this form will jeopardize your VA payment.*

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Name (first & last name) VA File# (dependents use Veteran’s SSN)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s SSN RIC Student ID# Current Program of Study/Major

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email Address Branch of Service

**VA Education Benefit: Please check your current chapter status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Chapter 30 | □ Chapter 31 | □ Chapter 33 | □ Chapter 35 | □ Chapter 1606 |
| *Montgomery GI Bill* | *Voc Rehab* | *GI Bill ®* | *Dependents DEA* | *MGIB Select Reserve* |

CH31 – Voc Rehab Case Manager Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CH33 (Post 9/11 GIBill®) Percentage of entitlement\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Are you the veteran’s □ Spouse □ Dependent

 Check One

Using a STAP waiver: □ YES □ NO Using *Disabled American Veteran* (DAV) Waiver: □ YES □ NO

\*\*If you have utilized your benefits at another school, you will be required to file a 22-1995 form through Vonapp.

\*\*If you are a CH35 recipient and have used your benefits at another school you will be required to file a 22-5495 form through Vonapp.

**Please indicate the semester you need certification And Total Registered Credits:**

|  |  |  |  |
| --- | --- | --- | --- |
| □ Fall | Credits\_\_\_\_\_\_\_\_\_\_\_\_ | □ Summer I | Summer I Credits\_\_\_\_\_\_\_\_\_\_ |
| □ Spring |  |
| □ Winter Intersession | □ Summer II | Summer II Credits\_\_\_\_\_\_\_\_\_\_ |
|  |  |

\*\* Are you completing a clinical or internship placement this semester? □ YES □ NO Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your intent to waive RIC Accident and Health Insurance? □ YES □ NO Initials:\_\_\_\_\_\_\_\_\_\_\_\_

**$$$ Important info regarding your VA payment, please check that you read and understand the info $$$**

* The VA will only pay for courses that apply to a student’s certificate or degree program. Students should meet with their academic advisor to select their classes.
* The certifying official cannot certify for classes that are not part of the students degree program
* You must provide Certificate of Eligibility (COE) to the Veterans Certifying Official in order to receive your benefits. The COE is the letter that you received from the VA indicating your eligibility for the GIBill® and your remaining months/days.
* Notify the Certifying Official **immediately** if you change your schedule, drop a class, withdraw from a class, etc. Also, it is your responsibility to provide verification of Mitigating Circumstances.

SIGNATURE Required: I attest the information above is true and accurate. I understand that I am responsible for any unpaid balance that the VA does not cover. This is a RIC form and this information must be completed every semester.

**\*\*\*** If this information is not submitted each semester, you will not receive your VA payment.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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