



Nicole Warner, School Certifying Official

Norwich University Veteran Affairs • Hassett House

Phone: (802) 485-2355 • Fax: (802) 485-2996

REQUEST FOR CERTIFICATION OF VA EDUCATION BENEFITS

NAME: _____ ID# _____

NUMBER OF CREDITS ENROLLED IN: _____

MAILING ADDRESS: _____

Is this a change of address? YES or NO

Year: _____ **Select a Semester:** Fall Spring Special Summer: I II III

Degree: Associate's Bachelor's Master's **(Please indicate Major/Program currently pursuing)**
Major/Program: _____ **Is this the same major you had last term** YES or NO

Are you currently serving in the military? YES or NO **if yes, are you:** Active Duty or Guard/Reserve

Please select GI Bill® Benefits program: Please submit Certificate of Eligibility for your respective GI Bill®.

- | | |
|--|---|
| <input type="checkbox"/> Chapter 31 – Vocational Rehabilitation (V) | <input type="checkbox"/> Chapter 1606 – Selected Reserve/National Guard (R) |
| <input type="checkbox"/> Chapter 33 – Post 9/11 GI Bill® (P) | <input type="checkbox"/> Chapter 35 – Survivor's and Dependents' Assistance (S) |
| <input type="checkbox"/> Chapter 33 Yellow Ribbon – Post 9/11 GI Bill® (Y) | <input type="checkbox"/> Do Not Certify - Do not wish to use my benefits this term (N) |

Are you planning to use Military Tuition Assistance? Federal YES or NO

INITIAL EACH LINE TO INDICATE THAT YOU READ & UNDERSTAND YOUR RESPONSIBILITIES

- _____ I must complete a new Veterans Request for Certification form **EACH** term that I wish to use GI Bill® Benefits.
- _____ I understand that **ANY** registration changes, enrolling in an unauthorized repeat, or enrolling in a course not required to fulfill my stated educational objectives may change my eligibility for GI Bill® Education benefits and might create a debt with either Norwich University, the Department of Veterans Affairs, or both.
- _____ I **MUST** notify the certifying official if I add, drop, withdraw or otherwise stop attending any of my classes.
- _____ I understand that **ONLY** courses that apply toward my declared major (Undeclared - **ONLY** GenEd Requirements apply) are eligible for certification.
- _____ I understand that I must make satisfactory progress toward my educational goal and that the school will report changes in my enrollment status, lack of academic progress, and any other information requested to the VA.

By signing I certify that I have read and understand the responsibilities initialed above: _____ Date: _____

OFFICE USE ONLY:	Initial Cert Date: _____ Update (after add/drop): _____			
	FALL 20_____	SPRING 20_____	SUMMER I 20_____	SUMMER II 20_____
Regular Credits				
Remedial/Skills				
Video Credits/Online				
Total Credits				
TUITION	\$	\$		\$
FEES	\$	\$		\$
TUITION & FEES TOTAL	\$	\$		\$