## MARK SERVICE BRANCH & CURRENT STATUS



Branch of Service: Army Marine Navy Air Force Coast Guard Status: Active Reserve Guard Veteran Retired Dependent Return Form To: School Certifying Official Military and Veteran Services University of Central Missouri Elliott Union 117 Warrensburg, MO 64093 Office 660.543.8990

## **Veterans Certification Request**

The completion of this form authorizes UCM's School Certifying Official to provide required information and to certify your enrollment at the University of Central Missouri for a specified semester to the U.S. Department of Veterans Affairs (DVA Phone: 888.442.4551).

Please Print Name			Soc. Sec. No	700#
First Address	<i>M.I.</i>	Last		
Street Telephone Number (	)	City	State Email Address	Zip
Your Category of Bene [] CH 30 Montgomery G.I [] CH 33 Post 9/11 G.I. Bil [] CH 31 Disabled Veteran [] CH 35 Survivors/and D Assistance Program	. Bill – A l s/Vocat	Active Duty ional Rehabilitation	[] CH 1607 REAP- Re [] Active Duty – Milit [] *Missouri Returnin *The Missouri Returning Heroe veterans. This program <u>cannot</u>	ery G.I. Bill – Selected Reserve/National Guard eservists called to active duty after 9/11/01 eary Tuition Assistance ing Heroes Tuition Reduction s Tuition Reduction reduces tuition to \$50 per credit hour for eligible <u>be combined</u> with the UCM Military Tuition Package. Only a reduction in tions in the Military Tuition Package are not available to me.
Semester: [] Fall [] Spr	ing [ ] Sı	ımmer	Type of Training: [	] Undergraduate [ ] Graduate
Please initial each of th I have completed V copy of this applic I understand I mus I understand that V I understand that i	ident: :: Ent: <i>Form 2</i> <b>ne follo</b> /A form 2 ation or 1 st attend VA will n f I am de	Applying for VA ben- Am transferring from 2-1995 (Chapter 30, 10 wing items before s 22-1990, 22-1990E or V my certificate of eligibili class and make satisfac ot pay for courses repea eployed or need to withd	since your its before at the University of efits for the first time n another institution where I 607, 1606, 33) or VA Form 2 igning and submitting th A form 22-5490 (Application f ity from the VA to the School C tory academic progress ated with a passing grade	used veterans benefits 2-5495 (Chapter 35) <b>is form:</b> For VA Educational Benefits) and have/will provide a Certifying Official er military related circumstances I must notify the
I understand that a         with various begin         the monthly dollar         I understand that i         month in order to         I understand that I         Official         I understand that i         Afficial         I understand that i         at 1-888-442-4551	adding or ning and amount f I receive p I must co difference st choose f I need a f I have o	dropping a class, enrol ending dates such as In of educational benefits e Ch. 30, Ch. 1606 or Cl ayment. I can report by mplete a new Veterans the between being eligib one package or the other assistance in understance questions regarding my	lling in a class that does not ap ntersession classes, eight week h. 1607 benefits I must report a phone: 1-877-823-2378 or on Certification Request form eac ole for the UCM Military Tuiti er for which I am eligible. The ding or complying with the abo eligibility or payment amounts	ply to my degree program or enrolling in classes block classes and certain summer classes may affect school attendance to the DVA at the end of each

Note: Failure to submit this form to the School Certifying Official may delay payments.

My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request form each semester in order to receive veterans educational benefits.