Return signed, completed forms to the UMD Veterans Certification Office:

MAIL: 1113 Mitchell Bldg.
IN PERSON: College Park, MD 20742
FAX: 301-314-9568
EMAIL: vabenefits@umd.edu

NOTE:

We will monitor for changes to your enrollment after the Schedule Adjustment Period. ***Changes to Enrollment after this point may affect receipt of VA Education Benefits.*** Contact the UMD Veterans Benefits Certification Office by email at vabenefits@umd.edu for more information.

UMD VA ENROLLMENT CERTIFICATION REQUEST

(See reverse for instructions/additional information)

This form must be submitted SEPARATELY for each term for which you wish to receive VA Education Benefits.

☐ **Fall** ☐ **Winter** ☐ **Spring** ☐ **Summer I** ☐ **Summer II** **20____**

Last Name: _____ First Name: _____ UID: _____

Current Degree Objective: ☐ BA/BS ☐Masters ☐ PhD ☐ Certificate Program

Check here if you are a Guest Student visiting from another institution (Primary Institution Parent Letter Required) ☐

Check here if you are on Active Duty: ☐

Check here if you are a spouse or dependent: ☐

VA EDUCATION BENEFIT TYPE REQUESTED FOR CERTIFICATION:

☐ **Chapter 30 - Montgomery GI Bill® – Active Duty - MGIB**

☐ **Chapter 31 - Veteran Readiness and Employment (VRE authorization must be current in order to certify your enrollment)**

☐ **Chapter 33 - Post 9/11 GI Bill®**

- ☐ **Check here if you are a dependent using transferred Post-9/11 benefits**
- ☐ **Check here to include the University Sponsored Health Insurance Plan in the amount reported to the VA for your Post 9/11 GI Bill toward benefit**

☐ **Chapter 35 -Survivors' and Dependents' Assistance – DEA – Veteran's Name: _____**

☐ **Chapter 1606 - Montgomery GI Bill® - Selected Reserve**

☐ **Chapter 1607 - Reserve Education Assistance Program – REAP**

I have read the UMD VA Enrollment Certification Request Instructions. I certify that all courses are applicable to my degree program and meet VA requirements. I understand that completion of this UMD form assures me of enrollment certification with the Department of Veterans Affairs, but does not guarantee payment from the VA. Payment depends on my being enrolled in an approved program, my not owing money to the VA for any overpayments, and my compliance with all other VA regulations. I further understand that any information on this form or in my University record may be shared with the VA at its request.

Signature: _____ Date: _____

Signature required. Instructions on how to digitally sign this document can be found here. GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at http://www.benefits.va.gov/gibill.

Visit the UMD Veterans Certification Services website for additional information - https://www.registrar.umd.edu/veteran-benefits.html