



Office of the Registrar, College Hall 102

Veterans Certification Request

☐ Undergraduate ☐ Graduate

Name: _____ ID #: _____

VA File #: _____ Major: _____

Local Address: _____
(street) (Town) (State) (Zip)

Phone: _____ Email: _____

I am requesting certification for the following term: (*only one term per form please*)

Academic Year: _____ Term: _____ Number of Credits: _____

Location of credits: _____ Smith College (includes Five Colleges) _____ Other Location*

Name and address of other location: _____

I will be using benefits from the following chapter?

- ☐ Chapter 30: Montgomery GI Bill®
- ☐ Chapter 31: Veteran Readiness and Employment**
- ☐ Chapter 32: Veterans' Education Assistance Program
- ☐ Chapter 33: Post 9/11 GI Bill®*** Payable benefit: _____%
- ☐ Chapter 35: Dependent & Survivors Educational Benefits
- ☐ Chapter 1606: Selected Reserve
- ☐ Chapter 1607: Reserve Educational Assistance Program

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 <https://www.benefits.va.gov/gibill>.

- ☐ Yes, I am currently on Active Duty
- ☐ I am using benefits through a Transfer of Entitlement
- ☐ Yes, they are currently on Active Duty
- Name of veteran: _____ Relationship to student: _____

Submit this form, along with your certificate of eligibility.

*Benefits may not be able to be used if classes are being taken anywhere other than Smith College and Five Colleges campuses.

**Chapter 31 also requires an Application for Dependent Education Benefits.

***If you are applying for the Yellow Ribbon Program, please include the Yellow Ribbon Benefits Request Form.

I understand that:

- By signing this form, I authorize Smith College to certify my enrollment and provide academic records information to the Department of Veterans Affairs to ensure the receipt of Educational Training Benefits.
- Certifications will be reported based on the number of credits I am enrolled in per semester.
- It is my responsibility to notify the Registrar's Office of changes to my class schedule. Any changes in my registration status or enrollment (i.e. add, drop, withdrawal) may affect the VA benefit amount I receive.
- It is my responsibility for any overpayment of benefits results from these changes.
- It is my responsibility to report if any certification/benefit information changes.

Student Signature: _____ Date: _____