



Request for Certification of Education Benefits

Name: _____ Student ID #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

SSN: _____ VA File #: _____

Email: _____

Which educational benefits do you receive?

- Chapter 30 (Montgomery GI Bill® - Active Duty)
- Chapter 31 (Vocational Rehabilitation)
- Chapter 32 (VEAP)
- Chapter 33 (Post 9/11 GI Bill®)
 - *Are you a dependent who is receiving benefits from a parent or spouse?*
 - Yes
 - No
- Chapter 35 (Dependents Educational Assistance Program)
- Chapter 1606 (Montgomery GI Bill® - Selected Reserve)
- Chapter 1607 (Reserve Educational Assistance Program)

Are you currently on active duty? Yes No

Will you be receiving SC National Guard Tuition Assistance (SCNG)? Yes No

Will you be receiving Tuition Assistance – Army Continuing Education (TA ACE)? Yes No

Check one: Undergraduate or Graduate BA BGS BS MS MAT MED SSP

Major: _____ Minor/Collaterals: _____

Mark the term(s) to be certified and attach a signed copy of each schedule.

Spring Late Spring Summer I Summer II Fall

VA AGREEMENT

I request that the Office of the Registrar certify me for VA education benefits in accordance with the information I am providing on this sheet. I understand that to comply with VA regulations the Office of the Registrar cannot certify me for courses which do not appear on my degree audit. I further agree to notify the Office of the Registrar of ALL changes in enrollment (add/drops, repeats, withdrawals, etc.) within 7 days of their occurrence, as these changes could result in debt to the Department of Veteran Affairs and/or Francis Marion University.

Signature: _____ Date: _____