

UNIVERSITY OF MAINE AT FARMINGTON

Veterans Request for Certification

This form must be completed in its entirety and returned to
Sue Enman, Merrill Center, 224 Main Street, Farmington, ME 04938
Fax (207) 778-7555 or scan and email to:enman@maine.edu.

Inaccurate/Incomplete information may cause delay or termination of benefits.

First and Last Name: _____

MaineStreet Student ID Number: _____

DOB (MM-DD-YYYY): ___ / ___ / _____ Telephone # _____

Email Address: _____

Mailing Address: _____

Which of the following do you receive benefits under?

- _____ Chapter 30: Montgomery GI Bill (MGIB)
_____ Chapter 31: Vocational/Rehabilitation (Voc/Rehab)
_____ Chapter 33: Post-9/11 GI Benefits
_____ Chapter 33D: Post-9/11 GI Benefits Transfer of Entitlement (TOE)
_____ Chapter 35: Survivors' and Dependents' Educational Assistance Program (DEA)
_____ Chapter 1606: Montgomery GI Bill Selected Reserve National Guard (MGIB SR)

Select **ONE** chapter from the list above. If you are not sure what chapter you are, please review your Certificate of Eligibility (COE). If you cannot locate your COE, please contact the VA directly.

(FOR GUARD AND RESERVISTS ONLY): Do you also plan to use Military Tuition Assistance (TA)? _____ Yes _____ No

Students are encouraged to submit a FREE Application for Federal Student Aid (FAFSA) (<http://www/fafsa/ed/gov>) BEFORE the term begins. The FAFSA is required for those using the Maine Veterans Dependents Tuition Waiver Program (Chapter 35).

VA Educational Benefits Information:

Please select your role: _____ Veteran _____ Child/Spouse of Veteran

Check one of the following: _____ 1st Semester at UMF _____ Continuing Student

What semester are you requesting certification for?

- _____ Fall Semester (Sept thru Dec) _____ Spring Semester (Jan thru May)
_____ Summer Term _____ Winter Term

Program of Study at UMF (Degree/Major): _____

Number of credit hours for which you are registered and wish to be certified for: _____

Are any of your classes offsite? YES _____ NO _____

If offsite.....

What Class? _____

How many credits: _____

Location of class: _____

Zip code of Location: _____

What Class? _____

How many credits: _____

Location of class: _____

Zip code of Location: _____

For Chapter 33 Students: Starting August 1, 2018, the U.S. Veterans Administration calculates monthly housing payments based on the actual zip code of the location where the student physically attends the majority of their classes (which includes student teaching, clinicals, practicums and internships). The change applies to all students under the Post 9/11 GI Bill® Chapter 33 and may result in a housing allowance change of as much as \$700 per month based on a geographic distance of just 25 miles between campuses.

Have you submitted your Certificate of Eligibility (COE) to UMF? _____ Yes _____ No _____ Still waiting for COE

Note: If you previously received a COE and have misplaced it you can call the VA at 1-888-442-4551, prompt 1, then prompt 0, to request another one to be sent to you

I have completed a FAFSA: _____ YES _____ NO

Multi-Institutional Students: If you are taking courses at another University in addition to attending UMF, you must fill out a Multi-Institutional Form (ME-315). Contact the School Certifying Official (207) 778-7243.

UMF Veteran "L" Grade Policy

We are required to report "L" grades, which are assigned to students who stop attending a class but do not formally withdraw, to the Veteran Administration. This can create an "overpayment" of benefits that the student is required to pay back to the VA. By submitting this form, you are confirming you understand the UMF policy as it relates to "L" grades.

As a Student receiving VA Educational Benefits I acknowledge my obligation to:

- Notify the School Certifying Office of any and all changes in my course schedule
To include Add/Drops, Course Withdrawal, University Withdrawal, Change in Major, Change of Class Zip Code Location
- Understand that eligibility for academic dismissal may terminate benefits
- Complete this form for prior to each semester you wish to receive your benefits
- I have read and understand the "L" Grade Policy
- Understand I am responsible for any overpayments made to me by the VA

I, _____ hereby declare that I have read the terms and
Please print clearly

conditions to receive my Veteran education benefits. I understand failure to comply with these terms may result in my being personally liable to The Department of Veteran Affairs for over payments.

Signature

Date