



Request for Certification of VA Educational Benefits 2025-2026

Name: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Part I- I receive VA educational benefits under the following program:

Chapter 30 (Montgomery GI Bill MGIB-AD®; service beginning after June 30, 1985)

*This chapter requires monthly enrollment verification through the VA. Go to:
<https://www.va.gov/education/verify-school-enrollment/> or call 888-442-4551.

Chapter 31 (Veteran Readiness and Employment - VR&E)

Name and Email of VR& E Counselor: _____

☐ Chapter 33 (Post 9/11 GI Bill®; service after September 11, 2001)

*This chapter requires monthly enrollment verification through the VA. Go to:
<https://www.va.gov/education/verify-school-enrollment/> or call 888-442-4551.

☐ Chapter 35 (Dependents Educational Assistance Program)

- First Request – Veteran's/Sponsor's SSN: _____ - _____ - _____
- Payee number: _____ If you don't know your payee number, you can leave this blank.

Chapter 1606 (Montgomery GI Bill MGIB-SR®; Selected Reserve)

*This chapter requires monthly enrollment verification through the VA. Go to:
<https://www.va.gov/education/verify-school-enrollment/> or call 888-442-4551.

Part II – complete this section only if this is the first time you are using your VA benefit.

Have you submitted your application to the VA for the benefit requested above? Yes No

- If no, please complete the online or paper application with the VA at: <http://www.va.gov>

Part III – Initials

1. ____ By initialing and signing this form, I am requesting that a certifying official, certify my educational benefits, unless I notify otherwise for the academic year of 2025-2026.
2. ____ By initialing and signing this form, I understand that only required courses for my degree program can be certified for VA education benefits.
3. ____ By initialing and signing this form, I understand that it is my responsibility to notify the VA Coordinator when I make any change to my schedule. Failure to do so could result in delayed charges or payments.
4. ____ By initialing and signing this form, I acknowledge that as a student I must maintain Satisfactory Academic Progress as stated in the Columbia International University catalog. Policy can be found on <https://www.ciu.edu/satisfactory-academic-progress-sap>.
5. ____ By initialing and signing this form, I understand that if this request is not made by the first day of the semester or term, I will be responsible for any late fees or holds on my account.

Laura McCall – Financial Aid Counselor & School Certifying Official
laura.mccall@ciu.edu, (803) 807-5049

I declare that the above statements are true and that I will notify the VA Certifying Official immediately of any changes in my VA education benefits, program of study, or enrollment status.

Signature: _____ Date: _____