Request for Certification of VA Educational Benefits 2026-2027

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:_____- ____-_____
- Veteran's/Sponsor's Full Name: _____

☐ Chapter 1606 (Selected Reserves GI Bill®)

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

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Part II – 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 2026-2027.
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://ciu.edu/consumer-information/#policies-financial.
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 – Associate Director of Financial Aid
& 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: _____