

Name: _____ Student ID #: _____

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

Home Telephone: _____ Cell Phone: _____

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

- Chapter 30 (New GI Bill®; service beginning after June 30, 1985)
**This chapter requires monthly reporting of verification through the VA using
W. A.V. E. <https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378
- Chapter 31 (Vocational Rehabilitation for Service-Disabled Veterans)
Name and Email of Counselor: _____
- Chapter 33 (Post 9/11 GI Bill®; service after September 11, 2001)
** This chapter requires monthly reporting through the VA using text or email. If you have
questions about this monthly reporting call the VA at the Education Call Center: 888-442-
4551.
- Chapter 35 (Dependents Educational Assistance Program)
- o First Request – Veteran’s/Sponsor’s SSN: ____ - ____ - _____
 - o Payee number: ____ If you don’t know your payee number, you can leave this
blank.
- Chapter 1606
**This chapter requires monthly reporting of verification through the VA using
W. A.V. E. <https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378

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
- o 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 2024-2025.
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: _____