

VA Certification Request

Name (Last, First)

UOG ID Number

Declared Major

Primary Contact Number

Date of Birth

Full Social Security Number

Gotritons (UOG Email)

Service person's branch of service

Mailing Address

One form per term

Select one	<input type="radio"/> Summer	<input type="radio"/> Fall	<input type="radio"/> Intersession	<input type="radio"/> Spring	Year (i.e. 2025) Do NOT list multiple: _____
Credits On Campus :			Credits Online:		
Select one	<input type="radio"/> New Recipient <i>Attach Certificate of Eligibility (COE)</i>	<input type="radio"/> Continuing Recipient	<input type="radio"/> Transfer Student <i>Attach Certificate of Eligibility (COE)</i>		
Select one	<input type="radio"/> Veteran	<input type="radio"/> Spouse	<input type="radio"/> Dependent		

VA Benefit/Chapter (Select One)

☐ Chapter 30 - MGIB (active duty)

☐ Chapter 31 - Veterans Readiness and Employment (VR & E)

Counselor's Name (Last, First)

Counselor's Email Address

_____	_____
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☐ Chapter 33 - Post 9/11

☐ Chapter 35 - Dependent's Educational Assistance Program (DEA)

Sponsor's Name (Last, First)

Sponsor's social security number

_____	_____
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☐ Chapter 1606 - MGIB (Selected Reserve)

☐ VRRAP - Veteran Rapid Retraining Assistance Program

I hereby certify that the information I have given in this form are complete and true to the best of my knowledge and belief.

Student Signature

Date

STUDENT RESPONSIBILITIES:

I Understand and agree that official communication between the University of Guam Financial Aid Office (FAO) and myself will be through my FREE University of Guam student email account at gotritons.uog.edu. If you need further assistance to establish your UOG email account, visit Admissions and Records. **Initial:** _____

I understand that I, ALONE, am responsible for payment of tuition, fees, and books (**unless I am receiving Chapter 33 benefits – 100% and Chapter 31**). If I am not able to make payment in full, then a *Time Option Payment Plan (TOPP)* must be arranged at the Bursar/Collections Office. **Initial:** _____

In order for me to receive education payment, I need to submit a Request for Certification **EVERY** semester in order for my courses to be evaluated (ensuring the applicability of courses towards my degree – as indicated on VA's Eligibility Letter). **Initial:** _____

Certification of classes will take approximately 2 to 3 weeks (but up to 30 days) from the last day of ADD/Drop or based on the date of Request for Certification (for payment). **I must be registered and have no discrepancies (i.e. unauthorized classes, incomplete entries on the Request for Certification, etc.).** Once the certification leaves the UOG/VA Certifying Official, it takes approximately 2 to 8 weeks for Muskogee VA Regional Office to process (all benefits for Guam are processed manually). **Initial:** _____

Students under Chapter 30 Chapter 31, Chapter 33. Chapter 35, Chapter 1606, Chapter 1607 and TA must demonstrate satisfactory academic performance as evidenced by an overall grade point average of 2.00 or better on a 4.00 scale on all college work attempted each semester and be in good academic standing. **Initial:** _____

I understand if I don't meet the academic requirements for the University, I will be placed on WARNING Status and if I don't meet the academic standing the following semester I may be suspended and lose my VA educational benefits. **Initial:** _____

I understand to regain my VA educational benefit, I **MUST** meet the academic requirements of an undergraduate of a 2.00 CGPA and graduate student of a 3.00 CGPA each semester. **Initial:** _____

Once certified, adjustments to my certification **WILL NOT** be made unless I notify the VA/UOG certifying therefore, **I AM RESPONSIBLE FOR ANY OVERPAYMENTS INCURRED.** **Initial:** _____

Students receiving benefits under Chapter 30, 33, 1606 & 1607 are responsible for verifying their enrollment, **on a monthly basis**, by using one of the following: Text, Email, Online, or by phone at 1-888-GI-BILL-1. For more details, visit www.gibill.va.gov. **Initial:** _____
NOTE: Failure to verify on a monthly basis will result in nonpayment. Additional information concerning VA benefits may be obtained by calling 1-888-GI-BILL-1 or via the internet at www.gibill.va.gov. **Initial:** _____

Remember that I am paid **ONLY** for courses that are **required** for completion of my degree plan at the University of Guam. **EXCEPTIONS:** (1) Department Letter of Substitution, (2) Valid prerequisite for required courses, and (3) to "round out" only in my Graduating Semester. **Initial:** _____

I further understand that my major with VA/GI Bill must be the same at UOG, otherwise this may hinder the Certification process via Enrollment Manager. **Initial:** _____

I must notify the UOG/VA Certifying Official Immediately if I: 1) **change** my course hour load, 2) withdraw **completely** from my classes, 3) **change** my major program. **Initial:** _____

I hereby certify that the information I have given in this form are true and correct to the best of my knowledge and belief. I agree to comply with all the regulations and laws that are applicable to the VA program and UOG Financial Aid office.

Student Signature

Date