



Office of the Registrar  
 College Hall 102  
 Northampton, MA 01063  
 registrar@smith.edu

## Veterans Certification Request

Undergraduate       Graduate

Name: \_\_\_\_\_ ID # \_\_\_\_\_

VA File #: \_\_\_\_\_ Major: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(street) (Town) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I am requesting certification for the following term: *(only one term per form please)***

Academic Year: \_\_\_\_\_ Term: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Location of credits: \_\_\_\_\_ Smith College (includes Five Colleges) \_\_\_\_\_ Other Location\*

Name and address of other location: \_\_\_\_\_

**I will be using benefits from the following chapter?**

- Chapter 30: Montgomery GI Bill
- Chapter 31: Vocational Rehabilitation and Employment\*\*
- Chapter 32: Veterans' Education Assistance Program
- Chapter 33: Post 9/11 GI Bill\*\*\* Payable benefit: \_\_\_\_\_%
- Chapter 35: Dependent & Survivors Educational Benefits
- Chapter 1606: Selected Reserve
- Chapter 1607: Reserve Educational Assistance Program

- Yes, I am currently on Active Duty
- I am using benefits through a Transfer of Entitlement.

Name of veteran: \_\_\_\_\_

**Submit this form, along with your certificate of eligibility.**

\*Benefits may not be able to be used if classes are being taken anywhere other than Smith College and Five College campuses.

\*\*Chapter 31 also requires an Application for Dependent Education Benefits.

\*\*\*If you are applying for the Yellow Ribbon Program, please include the Yellow Ribbon Benefits Request Form.

**I understand that:**

- By signing this form, I authorize Smith College to certify my enrollment and provide academic records information to the Department of Veterans Affairs to ensure the receipt of Educational Training Benefits.
- Certifications will be reported based on the number of credits I am enrolled in per semester.
- It is my responsibility to notify the Registrar's Office of changes to my class schedule. Any changes in my registration status or enrollment (i.e. add, drop, withdrawal) may affect the VA benefit amount I receive.
- It is my responsibility for any overpayment of benefits results from these changes.
- It is my responsibility to report if any certification/benefit information changes.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_