



Office of the Registrar
College Hall 102
Northampton, MA 01063

Veterans Certification Request

Fax: (413) 585-2557

Undergraduate

Graduate

Name: _____ ID # _____

VA File #: _____ Major: _____

Local Address: _____
(street) (Town) (State) (Zip)

Phone: _____ Email: _____

of credits per term: Fall _____ Spring: _____

Under which chapter are you requesting to be certified?

- 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.

*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: _____