



## VETERANS REQUEST FOR CERTIFICATION

**\*PLEASE SUBMIT ONLY IF YOU ARE USING GI BILL BENEFITS FOR THE TERM BELOW\***

Please submit completed form to the Financial Aid Office or by e-mail to [va@laniertech.edu](mailto:va@laniertech.edu)

NAME:	STUDENT ID:	
ADDRESS:	Phone Number:	
CITY:	STATE:	ZIP:

Are you currently serving in the military?  YES  NO If yes, are you:  Active Duty  Guard/Reserve

**Please select GI Bill Benefits program:**

- |                                                                 |                                                                                       |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Chapter 33 – Post 9/11 GI Bill         | <input type="checkbox"/> Chapter 1606 – Selected Reserve/National Guard               |
| <input type="checkbox"/> Chapter 30 – Montgomery GI Bill        | <input type="checkbox"/> Chapter 1607 – Reserve Educational Assistance Program - REAP |
| <input type="checkbox"/> Chapter 31 – Vocational Rehabilitation | <input type="checkbox"/> Chapter 35 – Survivors’ and Dependents’ Assistance           |

Degree:  Associate’s  Diploma  Certificate

Major/Program: \_\_\_\_\_ Is this the same major you had last term?  YES  NO

Term Requested:  Fall  Spring  Summer

Course Number (i.e. ENG 101)	Course Name (i.e. English Comp I)	Repeat Course?	In-seat or Online?	Campus Location

**INITIAL EACH LINE TO INDICATE THAT YOU READ & UNDERSTAND YOUR RESPONSIBILITIES**

- \_\_\_\_\_ I must complete a Veterans Request for Certification form **EACH** semester that I wish to use GI Bill benefits.
- \_\_\_\_\_ I understand that **ANY** registration changes or enrolling in a course not required to fulfill my stated program of study may change my eligibility for GI Bill Education benefits and could create a debt with either Lanier Technical College, the Department of Veterans Affairs, or both.
- \_\_\_\_\_ I **MUST** notify the college certifying official if I add, drop, withdraw or otherwise stop attending any of my classes.
- \_\_\_\_\_ It is my responsibility to promptly notify the college certifying official of any registration changes.
- \_\_\_\_\_ I understand that I must make satisfactory progress toward my educational goal and that the school will report changes in my enrollment status, lack of academic progress, and any other information requested to the VA.

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