



## Veteran Affairs Student Certification and Data Form

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

College \_\_\_\_\_ Term \_\_\_\_\_

### Current Status (Please Check One of the Options Below)

- New Student to VA and never used benefits before
- Continuing VA Student attending UAMS
- Transfer Student (used benefits at another institution)
- Re-entry Student (used benefits at UAMS previously)

### Current Military Status (Please Check One of the Options Below)

- Active Duty
- Guard
- Reserve
- Dependent Child
- Spouse
- Veteran (Including Retired)

Branch of Service \_\_\_\_\_

### Education Benefits (Please Select the VA Benefit(s) That Applies to You)

- Chapter 30 – Active Duty Montgomery
- Chapter 31 – Vocational Rehabilitation
- Chapter 33 – Post 9/11 GI Bill
- Chapter 35 – Dependent Education Assistance
- Chapter 1606 – Reserve Montgomery
- Chapter 1607 – REAP (Mobilized Reservist)

Chapter 35 students of a disabled or deceased veteran, the following information must be provided:

Name of VA Parent/Spouse      VA Parent/Spouse SSN      VA Parent/Spouse VA File No.      VA Parent/Spouse Phone#

\_\_\_\_\_

## Course Schedule

Please list your courses for the semester you are applying for benefits in the table below. All hours pursued must apply towards your degree program or be a required pre-requisite to a course in your degree program. All courses added, dropped, or audited must be reported to the UAMS VA Representative. Please note that the VA will not pay for audited courses, courses that do not fulfill graduation, and repeated courses that have been successfully been completed.

Course and Number	Hours	Instructor	Repeat (Yes or No)

## Certification and Signature

I certify that the courses listed above lead toward my degree. I hereby authorize the VA Certifying Official to release information to the Veteran's Administration concerning my status as a VA student at UAMS. I will immediately notify the VA Certifying Official of all changes that occur in my enrollment. I understand that failure to do so may result in a delay of payment or an overpayment with the VA. I also understand that if I stop attending my classes, the VA will be notified and this may too cause an overpayment with the VA.

**Student Signature**

**Date**

\_\_\_\_\_

**Please return this completed form to:**

**Charlotte Gass, Registrar**  
University of Arkansas for Medical Sciences  
Office of the University Registrar  
4301 W. Markham, Slot #767  
Little Rock, AR 72205  
[registrar@uams.edu](mailto:registrar@uams.edu)  
501-526-5600 (Phone)  
501-526-3220 (Fax)