



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

_____ Dependent Child

_____ Guard

_____ Spouse

_____ Reserve

_____ Veteran (Including Retired)

Branch of Service: _____

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

_____ Chapter 30 – Montgomery Benefit

_____ Chapter 31 – Veteran Readiness and Employment

_____ Chapter 33 – Post 9/11

_____ Chapter 35 – Survivors' and Dependents' Educational Assistance

_____ Chapter 1606 – Montgomery Benefit Selected Reserve

_____ Chapter 1607 – Reserve Educational Assistance Program

_____ Tuition Assistance

Chapter 35: Dependent of 100% Total Permanent Disabled Veteran 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/SpousePhone#
_____	_____	_____	_____

Advance Enrollment Certification*

_____ Yes, I would like you to submit my Enrollment Certification 30 days prior to the start of the term

_____ No

**Disclaimer: You must be registered and have no holds on your GUS account to be eligible for the Advanced Enrollment Certification

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:

David E. Williams, Assistant University Registrar for Veteran Services
 University of Arkansas for Medical Sciences
 Office of the University Registrar
 4301 W. Markham, Slot #767
 Little Rock, AR 72205
vaservices@uams.edu
 501-526-5600 (Phone)
 501-526-3220 (Fax)