



Veteran Affairs Student Certification and Data Form

***All student using VA Educational Benefits are required to complete this form to be certified and processed to VA.

*First Name _____ MI _____ *Last Name _____

*Date of Birth _____ *Student ID _____

*College: CON ___ CHP ___ COM ___ COP ___ CPH ___ GRADSCH ___

*Term: Fall ___ Spr ___ Sum ___ Year: 20___ *Expected Grad Date (MM/YYYY): _____

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

_____ New Student to VA and never used benefits before _____ Re-entry Student (used benefits at UAMS previously)

_____ Continuing VA Student attending UAMS _____ Transfer Student (used benefits at another institution)

*Current Military Status (Please Check All that Applies Below)

_____ Active-Duty _____ Dependent Child

_____ Guard _____ Spouse

_____ Reserve _____ Veteran (Including Retired)

*Branch of Service: **Army** **Marine Corps** **Air Force** **Navy** **Coast Guard** **Space Force**
Circle one:

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

_____ Chapter 30 – Montgomery GI Bill Active Duty (MGIB-AD)

_____ Chapter 31 – Veteran Readiness and Employment

_____ Chapter 33 – Post 9/11 GI Bill®

_____ Chapter 35 – Survivors’ and Dependents’ Educational Assistance (DEA) Program

_____ Chapter 1606 – Montgomery GI Bill® Selected Reserve (MGIB-SR)

_____ Tuition Assistance (TA) _____ NGTW (National Guard Tuition Waiver) Arkansas Guard Only

Chapter 35 Only: 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/Spouse Phone#**

****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 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 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
DEWilliams@uams.edu
vaservices@uams.edu
 501-526-5600 (Phone)
 501-526-3220 (Fax)

Revised 2/29/2024 DEW