



Veteran Request for Certification

CEI Veteran Services
 Phone: (208) 524-3000 ext.7
 Fax: (208) 525-7026
financial.aid@cei.edu

1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Middle Initial	Last Name	SSN/ VA File NO.
Address		City, State, ZIP	
Email		Phone Number	

By submitting this form, you are indicating that you are registered for the upcoming term and are requesting a review and certification of your schedule for VA education benefits at the College of Eastern Idaho. This form is required **every** semester you intend to use your VA benefits.

Statement of Understanding: Please read and *check* the following statements:

- I understand that I am responsible for notifying both the **VA** and the **CEI Veteran Certifying Official** of any changes to my address, phone number, or email. The CEI Veteran Certifying Official will communicate with me **through my CEI email account**.
- I will report my **registration and any changes to my enrollment** to the CEI Veteran Certifying Official each term that I use VA Education Benefits or Tuition Assistance.
- I understand that my **courses must be part of a VA-approved program of study**. Courses taken outside my program **will not be certified**, and I will be responsible for any associated fees.
- I understand that I must make **satisfactory academic progress** every semester towards graduation.
- I understand that final grades of **W, NC or F**, when reported with a “last date of attendance,” may result in a **VA or Federal overpayment**. I acknowledge that the **VA hold me responsible for any overpayment** of my education benefits that are paid directly to me.
- I have requested all **official military and college transcripts** to be sent to CEI.
- I understand that **courses with shorter term lengths** (i.e. Summer Term) are paid at a **different rate**, based on the number of credits and the duration of the class.
- I am responsible for my **tuition and class fees**, including any charges **not covered by the VA**.
- If I live **out of district**, I understand that I am responsible for **Out-of-District** fees and for submitting the **Certificate of Residency** form to my County Clerk’s Office for tuition and fee assistance.
- If I am using **Montgomery GI Bill® (Chapter 30), Reserve GI Bill® (Chapter 1606), Post-9/11 GI Bill® (Chapter 33)** benefits, I must **verify my attendance on the last day of every month** before the VA will release my housing payments. **Verification is done online for Chapters 30 and 1606 at www.gibill.va.gov/wave/**.

GI Bill® is a registered trademark of the U.S. Department of Veteran Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at <https://www.benefits.va.gov/gibill>

Student Status:		
<input type="checkbox"/> Incoming Student <input type="checkbox"/> Recertification <input type="checkbox"/> Transfer Student		
Program/ Certificate Objective:		Are you graduating this term: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you changed programs since your last certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Are any of your classes repeat courses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed a Free Application for Federal Student Aid (FAFSA)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		
Please List the Military Branch for the Veteran of the Dependent or Transfer of Eligibility:		

I am responsible for understanding CEI's policies and terms as outlined in the school catalog. The catalog, which includes information on current programs, course outlines, the schedule of tuition and fee charges, and the refund policy, is available online at <https://www.cei.edu/catalog>.

I have read and understand the above statements.

I DO want to use my VA Benefits for the term I have indicated.	Term:
Signature:	Date:

I do NOT plan on using my VA Benefits for the term I have indicated.	Term:
Signature:	Date:

Office use Only:		Received:	Date:
Education Benefit	<input type="checkbox"/> 33 Post 9/11-Veteran % Eligible _____% <input type="checkbox"/> 30 (MGIB) <input type="checkbox"/> 1606 (Reserve) <input type="checkbox"/> 31(Voc Rehab) <input type="checkbox"/> 33 TOE % Eligible _____% <input type="checkbox"/> 35 (Dependent) <input type="checkbox"/> Tuition Assistance		
Degree Objective:		Program Approved /Date	Program Change/ Reported
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documents Received:			
Certificate of Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dep		DD-214: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dep	
Joint Service Transcript: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dep		JST Evaluated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Dep	
Credits Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No Credits: Date:	CO Signature:	
T&F Certified:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	CO Signature:	
Comments			