



# Veteran Request for Certification

CEI Veteran Services  
 Phone: (208) 524-3000 ext.7  
 Toll Free: 1-800-662-0261  
 Fax: (208) 525-7026  
[financial.aid@cei.edu](mailto:financial.aid@cei.edu)  
 1600 S. 25<sup>th</sup> E. Idaho Falls,  
 Idaho 83404

First Name	Middle Initial	Last Name	SSN/ VA File NO.
Address		City, State, ZIP	
Email		Phone Number	
Select the term you are requesting to be certified:		<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	

By submitting this form you are indicating that you are registered for the upcoming term and that you are requesting review and submission 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 it is my responsibility to keep the VA and the CEI Veteran Certifying Official informed of changes to my address, phone number and email.
- I understand that the CEI Veteran Certifying Official will contact me through CEI email.
- Each term that I am using benefits, I will report my registration and any changes in my enrollment to the Veterans Certifying Official at CEI.
- I understand the courses I am enrolled in must be in a VA approved program of study. Courses taken outside of the requirements for my program will not be certified. If I register for classes not in my program, I will be responsible for fees.
- I understand that I must make satisfactory progress every semester towards graduation.
- I understand that final grades of W, NC or F reported with "last date of attendance" may result in an overpayment from the VA. I understand that the VA will hold me responsible for any overpayment of my education benefits.
- I have requested all official military and official college transcripts to be sent to CEI.
- I understand that classes scheduled to meet for less than the normal semester term dates will be paid at a different rate based on the number of credits and length of the class.
- I understand that I am responsible for my tuition and class fees, including charges not paid by the VA.
- I understand if I live out of district I am responsible for the Out of District fees and for submitting the Certificate of Residency form to my County Clerk Office for consideration of tuition and fee assistance. Certificate of Residency form <https://www.cei.edu/registrar/district-residency/>
- I understand that if I am Montgomery GI (Chapter 30) or Reserve (Chapter 1606) I am required to verify my attendance the last day of every month before the VA will release my payment. Verification is done online at [www.gibill.va.gov/wave/](http://www.gibill.va.gov/wave/).

If you have questions about your benefits please contact the VA Help Desk at 1-888-442-4551.

Name		Student ID		SSN/ VA File NO.	
Student Status:		<input type="checkbox"/> Incoming Student <input type="checkbox"/> Recertification <input type="checkbox"/> Change of Enrollment <input type="checkbox"/> Transfer Student			
Program/ Certificate Objective:					
Are you graduating this semester?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Anticipated graduation date:	
Have you changed majors or programs since your last certification?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, from: _____ to : _____				Program approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your classes repeat courses? <input type="checkbox"/> Yes <input type="checkbox"/> No   List the Courses: _____					
Have you filed a Free Application for Federal Student Aid (FAFSA)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you :		<input type="checkbox"/> Veteran <input type="checkbox"/> Dependent <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve		Please List the Military Branch for the Veteran of the Dependent or Transfer of Eligibility.	
VA Chapter:		<input type="checkbox"/> 33 (Post 9/11) <input type="checkbox"/> 33 (Post (9/11- Dependent) Transfer of Eligibility (TOE) <input type="checkbox"/> 1606 (Reserve) <input type="checkbox"/> 31 (Vocational Rehabilitation) <input type="checkbox"/> 30 (MGIB) <input type="checkbox"/> 35 (Dependent)			

I am responsible for understanding CEI policies and terms listed in the school catalog. The catalog is available to me online at <https://www.cei.edu/catalog>. CEI current program, course outline, schedule of tuition and fee charges and refund policy, can be found in the online catalog.

**Please certify my VA Education Benefits for the term listed.**

**I have read and understand the above statements.**

Signature		Date

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

Office use Only:		Term :	
Veteran Chapter		<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	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrollment Credits		Date	
		<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	
Certification Credits		CO Signature:	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Date: _____			
Certification Tuition & fee		CO Signature:	
<input type="checkbox"/> Yes <input type="checkbox"/> No   Date: _____			