

ACOM Office of Financial Aid VA Certification Request



General

1) I am eligible for the following GI Bill® program:

- ☐ Ch 1606 (Reserves) ☐ Ch 30 (Montgomery) ☐ Ch 31 (Voc Rehab) ➞ Counselor _____
- ☐ Ch 33 (Post 9/11) ☐ Ch 35 (Dependents) ➞ VA File No. & Suffix _____

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

2) I am requesting certification of my enrollment in the following term:

- ☐ Fall 20____ ☐ Spring 20____

3) A copy of my VA Certificate of Eligibility (COE) is currently on file at ACOM.

- ☐ Yes ☐ No ➞ If not, please attach to this form a **current** COE which shows your remaining eligibility.

Acknowledgment

By signing below, I certify that I have read and agree to the following:

- 1) I must complete this form each enrollment period that I intend to receive VA educational benefits.
- 2) I must immediately report all changes in enrollment to the Office of Financial Aid. I understand that my withdrawal or administrative withdrawal from a course may result in the VA's recoupment of some or all benefits paid, and that I will be responsible for payment of any student debt created as a result of this recoupment.
- 3) I must certify my enrollment with the VA, either by phone or online, at the end of each month in order to receive payment if I am receiving Chapter 33, Chapter 30, or Chapter 1606 benefits.
- 4) I understand that VA educational benefits may be discontinued if I fail to maintain Satisfactory Academic Progress.
- 5) I understand that I cannot receive benefits for enrolling in a class that is not required for my degree or for which I have previously received a passing grade.
- 6) I understand that I am responsible for reporting any changes in my contact information to ACOM as well as directly to the VA.
- 7) I understand that the VA defines an academic year as beginning on August 1 and ending July 31 of the next year. I understand that this definition may affect the benefits I am eligible to receive.
- 8) I understand that classes must be certified using the actual dates of instruction, and the VA, not ACOM, will determine my benefit eligibility in accordance with their policies.

Name _____ ACOM ID # _____

Signature _____ Date _____

Completed forms may be scanned and emailed to financialaid@acom.edu or submitted to the Office of Financial Aid, Alabama College of Osteopathic Medicine, 445 Health Sciences Blvd, Dothan, AL 36303.

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