

# ACOM Office of Financial Aid VA Certification Request



## General

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

Chapter 1606  Chapter 30  Chapter 31   
Chapter 33  Chapter 35  → VA File No. & Suffix \_\_\_\_\_

2) I am requesting certification of my enrollment for the following semester:

Fall 20\_\_  Spring 20\_\_

3) I am requesting that the following mailing address be reported to VA on my enrollment certification. I understand the VA will send any and all correspondence to this address.

\_\_\_\_\_

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

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

## Acknowledgment

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

- 1) I must complete this form each semester 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 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 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 \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed forms may be uploaded to Net Partner, submitted in person, or mailed to the Office of Financial Aid, Alabama College of Osteopathic Medicine, 445 Health Sciences Blvd, Dothan, AL 36303.