



Veterans' Benefits Certification Request Form (CRF)

UAF Financial Aid Office, PO Box 756360, 101Eielson Bldg, Fairbanks, AK 99775
Phone: 907-474-6391 or 1-888-474-7256 Fax: 907-474-7065 j.ward@alaska.edu

NAME _____

UAF STUDENT ID _____ (STUDENT SSN) _____

PHONE (____) _____

EMAIL ADDRESS _____

SELECT YOUR BENEFIT CHAPTER BELOW:

- Chapter 30 (Montgomery GI Bill) Includes VEAP
Chapter 30 (Montgomery GI Bill) (Current Active Duty Status)
Chapter 31 Vocational Rehabilitation
Chapter 35 Dependent of Disabled/Deceased Vet VA FILE (sponsors SSN) #
Chapter 1606 National Guard or Reservist
Chapter 1607 Reserve Educational Assistance Program (REAP)
Chapter 33 Post 9/11 GI Bill - I can certify you without proof of certification, however I need you to supply the Certificate of Eligibility when you receive it. Please provide me proof of time in service (DD214).

SEMESTERS FOR WHICH CERTIFICATION OF BENEFITS IS REQUESTED

Fall _____ (year) Spring _____ (year) Summer _____ (year)

ARE YOU CURRENTLY ON ACTIVE DUTY? _____

Are any of your courses non-classroom courses, year-long courses or courses taken at another school? What are they? _____

Major: _____ Minor (required for BA Degree) _____

***Graduate Students must provide a Graduate Thesis/Research Course of study with adviser's signature. ***

YOU MUST FILL THIS SECTION COMPLETELY OUT

- 1. Have you previously applied with the Department of Veteran's Affairs VA-ONCE on-line system or submitted a 22-1990 or 22-5590?
CH. 33 ONLY--
2. Have you been fully admitted into the University of Alaska Fairbanks into a degree or certificate seeking program?
3. Have you registered for the classes that you are requesting certification for?
4. Have you previously received VA Benefits at another school?
5. Are you receiving Tuition/Fees/or a Housing waiver from Nat'l Guard, ROTC or MYCAA?
6. I understand that the UAF Financial Aid Office will certify ONLY those courses that are REQUIRED to complete my degree program. I realize that this includes any prior credit that may transfer in either as required or elective credit. I have done a degree audit using the forms found at www.uaf.edu/advising and all of my classes fit within my program. If not, I have provided a reason why. Please initial below.

SIGNATURE _____ DATE _____

Your signature above allows for release of information regarding your claim to the Veteran's Administration and other parties with a vested interest.