

WDCE - REQUEST FOR CERTIFICATION - VA

Email form to va@montgomerycollege.edu

A separate form must be submitted every term/semester.

FALL WINTER SPRING SUMMER I
SUMMER II YEAR _____

Which campus will you take most of your classes this term?

Rockville Takoma Park/Silver Spring Germantown

Online MC I.D.# _____

Last Name: _____

First Name: _____

Address: _____

You MUST fill out an address change form with the Enrollment Services Office, if the address above is a new address.

Email - Address: _____

Phone: _____

Please indicate VA approved Non-Credit program you will register for this term/semester.

- Allergen Awareness
- Basic Appraisal Principles
- Basic Appraisal Procedures
- Basic Real Estate Principles & Practices for Salesperson
- Certified Associate Python Programmer
- Certified Python Programmer
- CISCO CCNA Complete
- Clinical Medical Assistant Program
- Cybersecurity Practitioner
- Food Service Certification
- Home Inspection – Principles for Pre-licensing
- Intro to AWS Cloud Engineering
- ITI Networking Academy
- Nail Technician I-II-III
- Pharmacy Technician
- Phlebotomy Technician
- ITI Networking Academy
- Real Estate-Appraisal Standards and Ethics
- TIPS Alcohol Certification
- Veterinary Assistant Training I-II-III

Please indicate type of benefit you intend to use.

Chapter 33 (Post 9/11 GI Bill)

- I am a veteran/service member
- I am a dependent of the veteran/service member (transferred benefits)

Chapter 30 Active Duty

I would like to request advance payment to the VA

Chapter 31 (please check with your VR&E counselor for Authorization #)

Chapter 35 (Survivors & Dependents Educational Assistance)

I would like to request advance payment to the VA

New VA Claimant: Please provide your Veteran Sponsor's First and Last names.

First Name: _____

Last Name: _____

Chapter 1606/1607 (Active Selected Reserves/National Guard)

I would like to request advance payment to the VA

YOUR STATUS

- New VA claimant Continuing student
- Transfer student
- Guest student (Parent letter from Primary Institution, and permission to enroll at another Institution required)
- I Request to have a HOLD put on my schedule to avoid non-payment deletes.**

STUDENT ACCOUNTABILITY STATEMENT

I am responsible for payment of all tuition and fees that my VA benefits do not cover.

I understand that completion of this form assures me of enrollment certification with the DVA.
I understand that a hold will be placed on my account that will prevent my classes from being dropped for non-payment. If I decide not to attend my classes, I am responsible for dropping them and I must notify the school VA Office of any schedule change(s). If I do not fulfill this obligation my benefits may be delayed. **If I drop my classes, I am required to return the funding that I have been provided.**

Signature: _____

Date: _____

**PROMISSORY NOTE FOR VETERANS
EDUCATION BENEFITS**

Montgomery College [MC] will not be able to “hold” your classes unless this form is on file along with your Certificate of Eligibility for CH. 33.

Name: _____

Initial each block:

GI-Bill Chapter 33 Benefits

Enrollment verification is a new requirement for Post-9/11 GI Bill students to verify that they have remained enrolled in the same courses or training every month. Students who receive MHA/kicker payments will have their payments withheld if they fail to verify or report that they are no longer enrolled in their courses or training. To streamline the process, VA is providing the option to verify **enrollment easily and securely via text message**. Read more below.

_____ Certify my class schedule for **GI-Bill Chapter 33 benefits**. I understand that:

- 1) The VA will pay the college a percentage of my tuition and fees if I am determined to be eligible for Chapter 33 benefits. The percentage of my tuition and fees that the VA will pay the college is based on my active service time since 9/11/2001 as determined by the VA;
- 2) I am responsible for paying any tuition and fees balance owed to the college if the VA does not pay 100% of my tuition and fees;
- 3) I must provide MC’s VA Coordinator with a copy of my VA *Chapter 33 Certificate of Eligibility* as soon as it arrives. My VA *Chapter 33 Certificate of Eligibility* will state my approved benefit percentage of payment.

_____ I am responsible for purchasing my own textbooks each semester. If I am determined to be eligible, the VA will award me a book allowance based on my course load.

_____ I understand that enrollment verification is a new requirement for Post-9/11 GI Bill students. I know I must verify that I have remained enrolled in the same courses or training every month. Students who receive MHA/kicker payments will have their payments withheld if they fail to verify or report that they enrolled in their courses of training.

_____ I understand that the VA will pay me the monthly E-5 married BAH rate for Montgomery County as long as: 1) I register more than half-time (7+ credits) in a semester AND 2) At least one of my classes is on campus. I understand that **NO** monthly payment of BAH will be paid by the VA if I register for less than half-time (6 credits and under) in the fall and spring semester.

ALL VA CLAIMANTS MUST COMPLETE THIS SECTION. Initial each block:

_____ I understand that I must immediately notify the MC VA Coordinator of any changes made to my class schedule by me or anyone else under any circumstances (i.e. adds, drops, withdrawals, change of major, etc.).

Failure to notify the VA Coordinator may result in me owing the VA for an overpayment. I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to the college on my behalf.

_____ I understand that I must attend all classes to the end of the term.

_____ I understand that I must submit transcript(s) from prior colleges/universities and military schools for evaluation.

_____ I understand that the VA will only pay for classes required for my WDCE program.

Each semester, the MC VA Coordinator verifies all veteran registered classes to confirm each class is required for that student’s WDCE program. I must notify the VA Coordinator of any change to my program within 24-hours of a change being made.

Signature: _____

Date: _____