



## 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Chapter 30 (Montgomery GI Bill)<br>Includes VEAP  | <input type="checkbox"/> Chapter 30 (Montgomery GI Bill) (Current Active Duty Status)                    |
| <input type="checkbox"/> Chapter 31 Vocational Rehabilitation  | <input type="checkbox"/> Chapter 35 Dependent of Disabled/Deceased Vet<br>VA FILE (sponsors SSN) # _____ |
| <input type="checkbox"/> Chapter 1606 National Guard or Reservist  | <input type="checkbox"/> Chapter 1607 Reserve Educational Assistance Program (REAP)                      |
| <input type="checkbox"/> 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? \_\_\_\_\_ yes, I have supplied you with a copy of my Certificate of Eligibility  
CH. 33 ONLY-- \_\_\_\_\_ yes, but I am waiting on my certificate and have attached a proof of time in service.  
\_\_\_\_\_ no, I understand that I must apply with them prior to submitting this form
2. Have you been fully admitted into the University of Alaska Fairbanks into a degree or certificate seeking program?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no, I realize that I must be fully admitted prior to submitting this form
3. Have you registered for the classes that you are requesting certification for?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no, I realize that I must be registered prior to submitting this form
4. Have you previously received VA Benefits at another school?  
\_\_\_\_\_ yes, I have submitted a VA Change Form  
\_\_\_\_\_ no
5. Are you receiving Tuition/Fees/or a Housing waiver from Nat'l Guard, ROTC or MYCAA?  
\_\_\_\_\_ yes, Explain: \_\_\_\_\_  
\_\_\_\_\_ no
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](http://www.uaf.edu/advising) and all of my classes fit within my program. If not, I have provided a reason why. Please initial below.  
\_\_\_\_\_ My courses fit within my degree program  
\_\_\_\_\_ My courses do not fit within my degree program and I have provided documentation.

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.