

Request for Certification forms are to be completed and submitted to the Veteran School Certifying Official (SCO) every semester you wish to utilize education benefits. In order to be certified in a timely manner, you must submit this form to the SCO within 30 business days before the start of the term, unless otherwise indicated.

Student Name: \_\_\_\_\_  
LAST FIRST M

Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

Program of Study: \_\_\_\_\_

### CHAPTER & SEMESTER INFORMATION:

I am eligible for VA Educational Benefits through the following program:

- Montgomery GI Bill – Active Duty (MGIB-AD) - Chapter 30
- Post-9/11 GI Bill Veterans Educational Assistance Act of 2008 - Chapter 33\*
- Montgomery GI Bill - Selected Reserve (MGIB-SR) - Chapter 1606
- Reserve Educational Assistance Program (REAP) - Chapter 1607
- Vocational Rehabilitation and Employment - Chapter 31
- Survivors' and Dependents' Educational Assistance Program - Chapter 35

I am requesting certification as a:

- Full-time student (12 or more credits)
- 3/4-time student (9-11 credits)
- 1/2-time student (6-8 credits)
- Less than 1/2-time student (5 credits or less)

For the \_\_\_\_\_ semester.  
SEMESTER & YEAR

### STUDENT RESPONSIBILITY CHECKLIST:

**PLEASE INITIAL EACH ITEM ONCE COMPLETE - INCOMPLETE CHECKLISTS WILL NOT BE ACCEPTED**

Do you intend to waive the Berkshire Community College Student Health Insurance? Yes No N/A - I am in less than 9 credits or I already waived it in Fall.

**Please note, you will need to waive/accept your Student Health Insurance charge by creating an account and logging into Gallagher Student (webpage will open when clicked). This must be done every Fall semester. If you were in less than 9 credits in Fall or if Spring is your first semester, you will need to waive/accept the insurance in Spring.**

I am requesting Advance Payment (minimum of 30 days prior to the start of the term; not applicable to Chapter 33). Yes No N/A - I am utilizing Chapter 33 benefits.

Do you intend to complete the Categorical Tuition Waiver? **Only applicable to Veteran & Active Duty Members.** Yes No N/A - I am not a Veteran.

To determine if you are eligible, please visit the eligibility requirements provided by the Massachusetts Department of Higher Education **here** (two web pages will open when clicked).

If you are eligible and interested in completing the Categorical Tuition Waiver, please submit it along with your Request for Certification Form and a copy of your DD214. Please note, you must complete this waiver every semester in order to receive it. The waiver may be opened from **here**.

I have read and agree to the following:

1. I understand that I will need to remain at full-time status with full-term courses in order to receive my full educational/housing benefit entitlement.
2. I understand all of my courses I am taking must apply to my program in order to be certified to the VA.
3. I understand the VA will not cover repeating of a course for which credit has already been earned.
4. I understand if all of my courses are online, the VA may pro-rate my eligibility rate.
5. I will report registration changes or if I stop attending class/classes to the Veteran Certifying Official.
6. I understand that "W"/"WP"/"WF" (withdraw/withdraw pass/withdraw fail) and "F" (failing) grades may result in reduced payment from the VA and I could potentially owe the college money.
7. I understand classes which are scheduled to meet for a shorter period of time than the normal semester term dates may be paid at a different rate based on the number of credits and length of course.
8. I will notify the Veteran Certifying Official before the start of the semester if my benefit chapter changes and will provide an updated Certificate of Eligibility that confirms the change.
9. I understand that if I fail to comply with above, it could result in an overpayment/underpayment from the VA and I could potentially owe the college money.
10. I authorize BCC to release information from my academic records to the VA.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_