THE UNIVERSITY OF RHODE ISLAND
ENROLLMENT SERVICES

VETERAN'S CERTIFICATION WORKSHEET

Please print or type the requested information. It will be used to initiate your certification for Fall/ Spring/ Summer semester(s).

Send Completed Form To:
Email: uriveteran@etal.uri.edu
Fax: (401) 874-2910
Phone: (401) 874-5509
(401) 874-4468
Website: www.uri.edu/es

ELIGIBILITY STATUS

☐ Veteran Chap. 30 ☐ Veteran* ☐ Veteran Dependent Chap. 33 (Post 9/11) Approved _____% ☐ Active Duty ☐ Veteran's Dependent Chap. 35 ☐ Reserves Chap. 1606 ☐ REAP Chap. 1607 ☐ Voc. Rehab. Chap. 31

*When making application on the VA Once System, VONAPP, for the Post-9/11 GI Bill (Chapter 33), the form requires that individuals currently eligible for benefits under the Montgomery GI Bill Chapter 30, Selected Reserve Chapter 1606 or Reserve Educational Assistance Program Chapter 1607 make an irrevocable election from one of their existing program to Post-9/11 GI Bill. I understand that my selection of Chapter 33 once processed by the VA is irrevocable.

NAME (Last, First, MI) _____ 100 URI ID NUMBER _____ SOCIAL SECURITY # _____ VA FILE NUMBER (Chap. 35 Only) _____

MAILING ADDRESS
[For VA checks and official VA correspondence. Correspondence from the University will be sent to your regular University maintained addresses.]

STREET _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (LOCAL) _____ TELEPHONE (HOME) _____ EMAIL (PERMANENT) _____

EDUCATIONAL OBJECTIVE

☐ Pursuing an undergraduate degree. Specify degree and academic program: _____
☐ Pursuing a Graduate degree. Specify degree and academic program: _____
☐ Other PLEASE ATTACH AN EXPLANATION

CERTIFICATION SEMESTER AND LEVEL
This certification is for students matriculating through Kingston and CCE.

I wish to be certified for the Fall 20____ semester for ____ credits.

I wish to be certified for the Spring 20____ semester for ____ credits.

Summer 20____ Session I:_____Cr Session II:_____Cr Session III:_____Cr

If you applied by using VONAPP or mailed forms directly to the VA Dept please check:

	Mailed	VONAPP	Date Submitted
22-1990	☐	☐	
22-1995	☐	☐	
22-5490	☐	☐	
22-5495	☐	☐	

PREVIOUS ENROLLMENT
When, if ever, did you last receive VA benefits from URI (Kingston or CCE)? _____
When, if ever, did you last receive VA benefits from another college/university? _____
Name of that college/university: _____

Are you receiving tuition assistance from your branch of service ☐ Yes ☐ No ☐ Fall ☐ Spring ☐ Both Fall & Spring Terms

PLEASE SIGN: I ATTEST THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.
*Chapter 33 Veteran Students who requested certification prior to submission of Certificate of Eligibility and/or received advance payment are responsible for any financial obligations owed to the University of Rhode Island not covered by their VA benefits or their Financial Aid.

Name: _____ Date: _____

ADVANCE PAY REQUEST

Chapter 31, 33 (Post-9/11) and Active Duty students are not eligible for advance pay. Veterans who have not received educational benefits for 30 days prior to the beginning of the semester, and who have not received an interval (between semesters) pay, may request an advance payment to include benefits for September and October. Your advance check will be sent to the Office of Enrollment Services at the beginning of the semester where you will sign for it. Subsequent checks will be sent to you directly. **Requests must be submitted to the VA at least 30 days before classes begin. Caution: If you receive an advance check for September and October, you will not receive your next (November) check until the middle of December. You should plan accordingly.**

☐ I request advance payment for the Fall Semester.

Name: _____ Date: _____