

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Part I- I receive VA educational benefits under the following program:**

- Chapter 30 (New GI Bill®; service beginning after June 30, 1985)  
\*\*This chapter requires monthly reporting of verification through the VA using  
W. A.V. E. <https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378

- Chapter 31 (Vocational Rehabilitation for Service-Disabled Veterans)

Name and Email of Counselor: \_\_\_\_\_  
\_\_\_\_\_

- Chapter 33 (Post 9/11 GI Bill®; service after September 11, 2001)

- Chapter 35 (Dependents Educational Assistance Program)

First Request – Veteran’s/Sponsor’s SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Payee number: \_\_\_\_\_ “If you don’t know your payee number, you can leave this  
blank.”

- Chapter 1606

\*\*This chapter requires monthly reporting of verification through the VA using  
W. A.V. E. <https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378

**Part II**

- Have you used your VA Benefits at a school prior to attending CIU?  Yes  No

- If yes, have you completed a VA Form 22-1995 or 22-5495 with the VA?  Yes  No

o If no, please contact a VA Certifying Official at CIU

**Part III – complete this section only if this is the first time you are using your VA benefit**

- Have you submitted your application to the VA for the benefit requested above?  Yes  No

o If no, please complete the online or paper application with the VA at: <http://www.va.gov>

Part IV – Initials

1. \_\_\_\_ By initialing and signing this form, I am requesting that a certifying official, certify my educational benefits, unless I notify otherwise for the academic year of 21-22.
2. \_\_\_\_ By initialing and signing this form, I understand that only required courses for my degree program can be certified for VA education benefits.
3. \_\_\_\_ By initialing and signing this form, I understand that it is my responsibility to notify the VA Coordinator when I make any change to my schedule. Failure to do so could result in delayed charges or payments.
4. \_\_\_\_ By initialing and signing this form, I acknowledge that as a student I must maintain Satisfactory Academic Progress as stated in the Columbia International University catalog. Policy can be found on <https://www.ciu.edu/satisfactory-academic-progress-sap>.
5. \_\_\_\_ By initialing and signing this form, I understand that if this request is not made by the first day of the semester or term, I will be responsible for any late fees or holds on my account.

Laura McCall – Financial Aid Counselor & School Certifying Official  
[laura.mccall@ciu.edu](mailto:laura.mccall@ciu.edu), (803)807-5049

I declare that the above statements are true and that I will notify the VA Certifying Official immediately of any changes in my VA education benefits, program of study, or enrollment status.

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