**Request for GI Bill / Nat’l Guard / Veteran Categorical Waiver Year: \_\_\_\_\_\_\_\_\_\_**

***MassBay Office of Veteran and Military Services*  Semester:** FALL / SPRING

 **Summer:** 6W1 / 6W2 / 10 WK

*(To be completed every semester, for benefits)* **Military Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PLEASE SUBMIT THIS AFTER YOU HAVE REGISTERED FOR CLASSES AND HAVE THE PROPER DOCUMENTS TO ATTACH).**

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

**Are you currently on ‘active duty’?** Yes No

**Did you apply for/receive Federal Financial Aid?** Submitted FAFSAGranted Financial Aid

**Are you currently Mass. National Guard?** Yes No **If Yes – Attach** your Certificate of Eligibility for correct # of credits

**Which VA education benefit are you applying for:** (choose only one)

 Chapter 33 (Post-9/11 **VETERAN)** Chapter 1606 (Sel. Guard/Reserve) Chapter 30 (Veteran) Chapter 31 (Voc. Rehab)

 Chapter 33 Transfer of Entitlement Chapter 1607 (REAP) Chapter 35 (Dependent) MA Veterans’ Tuition

(Post-9/11 **Dependent**) Waiver Only

* **If Post 9/11 GI Bill – Attach your most current letter of eligibility or eBenefits printout to this form**
* **If Voc. Rehab – Attach VA Form 28-1905 to this form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address** (include apt) **City State Zip**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **E-mail** (one that you check daily please) **Cell Phone # Alternate Phone #**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Major 2nd Major** (if applicable) **Degree** (i.e. AS, AA or Cert)

**I am a:** New Freshman Student New Transfer Student Continuing MassBay Student

 Readmitted Student (after 2 or more semesters of absence Guest Student (from college\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 YOU **MUST** BE **REGISTERED** FOR **CLASSES** BEFORE CERTIFICATION REQUESTS CAN BE SUBMITTED to the VA

**\*Please make sure to attach a copy of your class schedule.**

 **FALL (Year):** \_\_\_\_\_\_\_\_\_ **SPRING (Year):** \_\_\_\_\_\_\_\_\_\_

# of Credits in class: Full term \_\_\_\_\_\_\_\_ # of Credits online: Full term \_\_\_\_\_\_\_\_\_

 First 8-WK \_\_\_\_\_\_\_ First 8-WK \_\_\_\_\_\_\_\_

 Second 8 WK\_\_\_\_\_ Second 8 WK\_\_\_\_\_\_

 **SUMMER (Year):** \_\_\_\_\_\_\_\_\_

**1st 6-week term** **2nd 6-week term** **10-week term**

# of Credits in class: \_\_\_\_\_\_\_\_ # of Credits in class: \_\_\_\_\_\_\_\_ # of Credits in class: \_\_\_\_\_\_\_\_

# of Credits online: \_\_\_\_\_\_\_\_ # of Credits online: \_\_\_\_\_\_\_\_ # of Credits online: \_\_\_\_\_\_\_\_

**Are you repeating any courses?** Yes No Which Course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the DATE** you **waived** Student Health Insurance \_\_\_/\_\_\_/\_\_\_ Did NOT waive – Will pay out-of-pocket

 **THIS IS IMPORTANT INFORMATION REGARDING YOUR VA EDUCATION BENEFITS**

**Do all of your classes BEGIN and END on the SAME DATES? If NOT, you may receive less BAH or less monthly pay, as you may not be full-time through the whole semester. For example, are you taking any 8-week or 3 weekend classes?**

**Changes in course enrollment after the last day to drop and add courses may result in the retroactive loss of benefits** which could revert back to the first day of the term. A debt would be created, for which you would be responsible.

**You will only be certified for those courses that meet degree requirements** in the educational program on file with the MassBay Office of Veterans Affairs.

**\*Chapter 30, 1606, 1607 must verify continued enrollment at the end of each month** **of the semester** by web or toll free number to receive payment of educational benefits. Visit <http://www.gibill.va.gove/wave> or call 1-800-823-2378.\*

\_\_\_\_\_ **EACH TERM I must report my registration and any changes (i.e. drop/add) in my enrollment to the Veterans’**

**Initial Coordinator in order to receive my benefits.**

**\_\_\_\_\_ I understand that I must pay MassBay out-of-pocket for any classes that I abandon/stop attending, or for which the**

**Initial VA does not pay.**

**\_\_\_\_\_ I must be enrolled in an approved program of study** that leads to a standard degree and have all prior (official)

**Initial** transcripts on file at MassBay by the end of my FIRST term of enrollment. I understand that I will not be paid by the VA

 for classes previously passed at MassBay or other institutions.

**\_\_\_\_\_** **I understand that the classes I am taking are required by my degree program** and that I will have to pay out-of-pocket

**Initial** for any classes I take that do not apply to my major.

**\_\_\_\_\_ I understand that I must make satisfactory progress toward graduation.**

**Initial f**

**\_\_\_\_\_ I understand that counselor advisement/error is not an acceptable reason for taking classes not applicable to my**

**Initial program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check the box that describes you best:**

I have never used or applied for VA Education Benefits

 I have never used VA Education Benefits, but I have completed and application for VA Education Benefits

 I have used VA Education Benefits while attending MassBay.

 I am transferring to MassBay this semester, and I have completed and submitted a 22-1995 (Ch. 30, 33, 1606, 1607),

22**-**5495 (Ch. 35 only), aka a *Change of Place of Training* form (please provide a receipt of submission)

**By signing Below, I affirm that I have read, understand, and will abide by the information on this form.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date**

*MassBay Community College/Veteran & Military Services/ Wellesley Hills Campus/ Room 130*

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_