1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

VETERANS EDUCATIONAL BENEFITS REQUEST FOR CERTIFICATION

- In order to be certified, all sections of this form must be completed.
- Veteran students will not receive his/her VA Education Benefits unless he/she is certified each semester.
- This certification request is the responsibility of the student.

Name: (Last Name) Social Security No.:		(First Name) Student ID No.:	
Mailing Address: (Street addre	ss, P.O. Box, Rural Route, Etc.)		
(01.001.001.0	55, 110, 500, 110, 110, 110, 110, 110, 1		
(City)	(State)	(Zip)	(County)
Home Phone No.:		Cell Phone No.:	
Are you currently serving on Yes No	active duty for the military	? (National Guard weekends exclu	ded)
Are you currently living in mi Yes No	litary housing?		
-		Readiness (VA Rehab) Ch. 33	Post 9/11* ve/National Guard*
		607 must verify enrollment each m	onth at 1-877-823-2378 or
STUDENT STATUS			
I am working toward an a	associate degree from UAC	ССМ	
Associate of Arts (A	.A.):		
	(Major/Program of Study)		
Associate of Science			
	(Major/Program of Stu	udy)	
Associate of Genera		(6, 1)	
	, ,	ogram of Study)	
Associate of Applie		rogram of Study)	
	•	rogram of Study)	
I am working toward a C		air a/Dua susana af Chulada)	
	(Ma	ajor/Program of Study)	
	•		
Guest Student:	ge Attending)		

(intital) semester from the UACCM Financial Aid Office. No certification will be processed without the completed request form

It is the total responsibility of the student to provide correct information pertaining to his/her current enrollment, (intital) courses being dropped or added, changes in degree program, repeated courses, remedial courses, and mailing address changes

I understand that I am required to check my UACCM e-mail once a week for any updates

You will receive an e-mail notification when your enrollment certification has been submitted to the Muskogee (intital) Regional Office

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FINANCIAL AID OFFICE

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VETERANS EDUCATIONAL BENEFITS **RULES AND REGULATIONS AND** RELEASE FORM

(intital)	will be allowed a number of unexcused absences equal to the number of cr the allowed number of absences, UACCM will notify the VA Regional Office will reduce my eligibility for benefits for the current term.	edit hours for the course. If I exceed			
(intital)	I understand that I cannot repeat a course for which I have already received credit. I understand it is my responsibility to check the courses I am enrolled in and be certain I am not repeating a course. If I do repeat a course and the VA pays for the course, the VA can charge me with an overpayment.				
(intital)	I understand the VA will NOT pay for classes that do not count as credit toward my degree requirements. I cannot take classes that do not count toward my degree requirements and expect VA to pay for the courses.				
I know it is my responsibility to keep the school's VA Certifying Official notified of any change in my status, and I give UACCM permission to release my information the Department of Veterans Affairs.					
Print N	Name: Social Security N	lo.:			
	(Student)				
My signature indicates that I have provided accurate information and agree to comply with all VA and UACCM VA guidelines. I understand if I modify my schedule for any reason, it may hinder the certification process.					
*NOTE	TE: Certifications will not be processed without your signature				
Signat	ature: Da	ate:			
	(Student)				



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