

**JGSB Student Financial Services  
MBA@Rice**

**Veterans Affairs Information Form: Authorization to Certify Benefits**

**A. Student Information**

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last Name First Name M.I.  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Military/Veteran Status**

Branch of Military Service: \_\_\_\_\_

What is your current status?

Veteran

Active Duty Military What is your expected Date of Separation? \_\_\_\_\_

Reserves Branch \_\_\_\_\_  
 Are you, or will you be, on Active Duty at any time during the program? \_\_\_\_\_

Other: please specify \_\_\_\_\_

What will be your status when you begin your program?

**C. Benefit Information**

Please specify the type of benefit you are applying for:

Post 9/11(Chapter 33) Percentage of Eligibility: \_\_\_\_\_ Benefit Time: Months \_\_\_\_\_ Days \_\_\_\_\_

**Yellow Ribbon:** you must be 100% eligible for Post 9/11 **and** non-Active Duty to participate in this program.

Montgomery GI Bill (Chapter 30)

Other: please specify \_\_\_\_\_

Have you previously utilized any Chapter of GI Bill benefits (33, 30, 1606, 1607, etc.) at another educational institution?:

Yes: Please submit a copy of your Request for Change of Place of Training form (Form 22-1995)  
 If Yes, how many Months/Days are remaining? \_\_\_\_\_

**IMPORTANT: Federal law caps the maximum number of months of total cumulative GI Bill education benefits at 48 months. If you believe you may meet this cap during the program, please email JGSBFina@rice.edu.**

No

Are you receiving, or will you apply for, any other type of Military Tuition Assistance benefits?

Yes: please specify \_\_\_\_\_

No

## D. Degree Program Information

Designate Quadmester to begin certifying benefits: July 20\_\_\_\_ October 20\_\_\_\_ January 20\_\_\_\_ April 20\_\_\_\_

Enrollment Certification Policy:

- Enrollment certification is reported to the VA in accordance with your Standard Degree Plan each quadmester.
- You may at any time submit a written request to NOT certify enrollment for a future period or “to be certified for fewer applicable credits than [you] take to conserve entitlement” (SCO Handbook 5.3; 5<sup>th</sup> Ed., pg. 55).

## E. Documents Checklist

The following documents are required for your VA Benefits file. The Priority Deadline for submission is the first day of Class.

### A. Veterans Affairs Documents & Forms

[Certificate of Eligibility](#) (COE)

[Request for Change of Program or Place of Training](#) (Form 22-1995): If you previously used GI Bill Benefits at another institution, please request a change to the place of training by listing Rice University. You may do this while applying for your COE. Please include a copy of your request when submitting your documentation to Student Financial Services.

**DD-214:** The form must indicate Character of Service as Honorable. This is usually the MEMBER-4 or SERVICE-2 page.

**Military Transcript:**

- [Joint Services Transcript \(JST\)](#) – The following branches may request a transcript through the JST website: **Army, Coast Guard, Marine Corps, and Navy**. You may request that the transcript be sent electronically directly to “Rice University (William Marsh)”.
- [Air University](#) – If you served in the **Air Force**, please request your Military Transcript directly from the Air University / Community College of the Air Force.

*Rice University Forms*

**VA Degree Plan** (this will be provided to you by Student Financial Services)

**Veterans Affairs Information Form**

## F. Submission of Documents to Student Financial Services

- STEP 1:** Gather all documentation listed in section E.
- STEP 2:** Upload your documents through [Rice Box](#) (a secure online portal). Please include the document type and your first and last name in the File Description field.

## G. Authorization To Certify For Benefits:

By signing below, I confirm that all information provided is accurate to the best of my knowledge. I authorize the designated school certifying official to submit my enrollment in accordance with the VA Degree Plan.

\_\_\_\_\_  
*Student Signature*

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

Please contact [Student Financial Services](#) if you have additional questions.