GI Bill Certification Application

Please submit with this application your VA Certificate of Eligibility, which must be dated within four (4) months of the semester start date.



Personal Info	<u>ormation</u>						SCHOOL OF LAW
Name (First,	Middle, Last)	:					
Phone: USD E			nail:				
Mailing Addı	ress:						
Education In	<u>formation</u>						
Program:	JD	LLM	MSLS				
Status:	Full Time	Part 1	Гime				
Entering Sen	nester/ Year: _			Anticipated Graduation Semester/ Year:			
	en awarded a been awarded			Yes No are the funds coming	from? (Ex: US	SD Merit Schol	arship)
VA Informat	<u>ion</u>						
Branch of th	e Military:						
VA Benefit (I	Ex: CH 33 Post	9/11 GI Bill):				
ctive Duty: Yes No				If no, Active Duty Sep	aration Date	:	
Percent of G	I Bill Eligibility	:		_			
Eligible for Y	ellow Ribbon:	Yes	No				
Are you usin	g benefits oth	er than you	r own (tra	insfer of eligibility)?	Yes	No	
If yes, whose benefits are you using?				Spouse	Mother	Father	
If ye	s, is this perso	n?		Deceased	Retired	Active D	Outy
responsibility (1) the above ultimately re	y to notify the e information;	USD School (2) my VA l the cost of c	l of Law V benefits el	ate to the best of my k A Certifying Official wi igibility; or (3) my acad e in the event that my	thin one weel demic credit l	k if there is a c load. I further t	hange in: understand that I