



Veterans Benefits Course Certification Request Form

Complete and email form to VABenefits@sans.edu

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Name (Last)

(First)

SANS ID Number: _____

Chapter You must check only one	Post- 9/11 GI Bill Veteran (Chapter 33) Post- 9/11 GI Bill Spouse Transferee (Chapter 33)	MGIB-AD (Chapter 30) MGIB-SR (Chapter 1606) REAP (Chapter 1607) DEA (Chapter 35)
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Course (Number and Name): _____

Modality (Check One): SANS Live Event SANS OnDemand SANS vLive
Other

Course Start Date: _____ Course End Date: _____

Event Name: _____

1. Are you on Active Duty?
Yes No
2. What program are you currently pursuing?
MSISE MSISM
Certificate Program (please indicate) _____
3. Have you changed your program of study since we last certified you?
Yes No
4. Will you be receiving additional tuition aid (employer, etc.) for this course?
Yes No

Important Information About Your Benefits

1. By completing and submitting this form to the Registrar, you are asking us to certify your course to the VA for payment.
2. Your certification is based on courses counting toward your current degree. Once certified, changes to your schedule will be reported to the VA.
3. It is your responsibility to ensure courses count toward your degree. If you have questions about how your classes count, contact your advisor.

4. You are responsible for all outstanding charges remaining on your account not covered by the VA or other sources.
5. If you have questions about how your benefits were paid to you, contact the VA directly. If you have questions about how your courses were certified, contact us.
6. If you receive a scholarship or other funds earmarked solely for tuition, we will deduct that amount from the tuition that we certify with the VA. If such funds come in after we certify you, we will update your tuition amount with the VA.
7. The VA will mail an award letter to the address you provide below. Please scan and email us a copy of all the pages.
8. The VA will send you an email acknowledgement when we certify you or report any changes.

By typing your name below you agree to the following:

I authorize the release of any information, including but not limited to information pertaining to my academic progress, attendance and conduct, between the United States Department of Veterans Affairs and the SANS Technology Institute for the purposes of administering veterans education program benefits.

I am enrolled in the above-indicated program and have registered for the above-listed graduate course, and I will promptly report any enrollment changes. Failure to report changes may result in processing delays, over-payments or discontinuance of my veterans education program benefits. An "Incomplete" course may result in a retroactive adjustment in training time and or benefit payments. I will regularly attend class and engage in relevant work, and meet the prescribed standards and conduct for all courses.

I will settle all outstanding charges remaining on my account not covered by the VA or other sources. I understand payment is expected in full by the end of my course.

Name				Date	
Address	Apt.	City	State	Zip	
Phone			Email		