

**MINNEAPOLIS
COLLEGE of ART and DESIGN**

MCAD VA Educational Benefits Request Form

Name: _____

Student ID: _____

Program: _____

Major: _____

Type of Benefit (*check one*):

Chapter 30 (Montgomery GI Bill)

Chapter 33 (Post 9/11 GI Bill)

Other: _____

Chapter 31 (Vocational Rehabilitation)

Chapter 35 (Dependent Benefit)

Responsibilities of Students Receiving VA Education Benefits (*Please initial after each item.*)

- I understand that I can only receive benefits for courses that apply to my program. _____
- I understand that I must report any changes or withdrawals immediately to the MCAD VA Certifying Official in the Records Office. _____
- I understand that if I change my degree program I am required to notify the MCAD VA Certifying Official in the Records Office. _____
- I understand that if I am using Federal Tuition Assistance (FTA) or the Post 9/11 GI Bill and FTA, I need to submit a copy of the approval to the MCAD VA Certifying Official in the Records Office. _____
- I understand that if I receive an overpayment of VA benefits, this money will have to be returned to the VA by the college and failure to make payment arrangements with the college will result in placement with a third party collection agency to recover these costs. _____
- I understand that students who use the Post 9/11 GI Bill and take only online classes will receive ½ the national average of BAH (Basic Allowance for Housing). _____
- I understand that the VA pays BAH according to the number of credits and time in class (rate of pursuit). _____
- I understand that the VA will not pay for a repeat course in which a passing grade has been received. _____
- I understand the VA considers online classes as blended/hybrid, distance learning, or independent study. _____
- I understand that during my last semester of school, I can take non-required courses in order to make my schedule full-time to receive full-time pay (excludes Chapter 31 Voc. Rehab.). _____
- I understand that it is my responsibility to familiarize myself with regulations concerning VA education benefits. _____
- I understand that the MCAD VA Certifying Official must have a copy of my Certificate of Eligibility to certify my enrollment. _____
- I understand that I need to submit a written request to the MCAD VA Certifying Official prior to the start of the following semester if I would like to cease the use of my benefits upon signing below. _____

By signing below, I authorize the Minneapolis College of Art and Design to certify my enrollment and provide academic information to the Department of Veterans Affairs to ensure the receipt of education benefits.

Signature: _____

Date: _____

