



Veteran Student Notification of Class Completion and/or Request for Correction

UAF Financial Aid Office, PO Box 756360, 101 Eielson Bldg, Fairbanks, AK 99775
Phone: 907-474-6391 or 1-888-474-7256 Fax: 907-474-7065 fnemb2@uaf.edu

NAME _____

UAF STUDENT ID _____

PHONE (____) _____

EMAIL ADDRESS _____

SELECT YOUR BENEFIT CHAPTER BELOW:

- | | |
|---|---|
| <input type="checkbox"/> Chapter 30 (Montgomery GI Bill)
Includes VEAP | <input type="checkbox"/> Chapter 30 (Montgomery GI Bill) (Current Active Duty Status) |
| <input type="checkbox"/> Chapter 31 Vocational Rehabilitation | <input type="checkbox"/> Chapter 35 Dependent of Disabled/Deceased Vet
VA FILE # _____ |
| <input type="checkbox"/> Chapter 1606 National Guard or Reservist | <input type="checkbox"/> Chapter 1607 Reserve Educational Assistance Program (REAP) |
| <input type="checkbox"/> Chapter 33 (Post 9/11 GI Bill) | |

INCOMPLETE CLASS COMPETED

SEMESTER CLASS WAS TAKEN _____

CLASS THAT YOU COMPLETED _____

DATE OF COMPLETION _____

REQUEST FOR CORRECTION

Please detail below the problem you are having with your certification. Inquiries will be answered within 24 hours.

SIGNATURE _____ DATE _____

Your signature above allows for release of information regarding your claim to the Veteran's Administration and other parties with a vested interest.