**Advance Payment**

 To request advance payment, you must be certified for any of the GI Bill programs except Chapter 33, be half time or more, have a 30-day gap between terms and complete & sign this form and return itto:

Susan Stefanick, Registrar
Registrar's Office
Bart Luedeke Center, Suite 213
FAX: 609-895-5447
EMAIL: stefanic@rider.edu
Please cc: reddingtont@rider.edu

 **Please return this form as soon as possible**. ***If you do not return this form ASAP, you may miss your window of opportunity to request advance payment from the Department of Veterans Affairs.***

**In addition, you must have a current VA Certificate of Eligibility letter on file. Please verify that with us or send a current copy of that document along with this Advance payment form.**

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider Bronc ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of social security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rider email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected date of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Benefit you are certified for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester/term to be certified**

**I am or plan to enroll in courses for the following semesters/terms below. I certify there will be a 30-day gap between semesters or terms to qualify me for Advance Payment.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TERM** | **YEAR** | **CREDITS** | **TERM** | **YEAR** | **CREDITS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Rider University policy**

I understand the above requirements and grant permission to the Rider VA school certifying official to request advance payment from the Department of Veterans Affairs. Also, my signature confirms that I understand the laws, regulations, rules, responsibilities, payment (paper check) and how to utilize advance payment for the educational benefit program I am certified for. Questions? Contact the Veterans & Military Affairs Office at veterans@rider.edu.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_