



VA Education Benefits

Request for Enrollment Certification

Last Name _____ First Name _____ Middle Initial _____
 Student ID _____ Semester and Year _____
 Residency Classification (Check One) In-State _____ Out-of-State _____

Veteran Benefit Information Please check the benefit for which you are requesting certification

Chapter 33—Post 9/11 GI Bill % Eligibility Tier _____
 Chapter 30—Montgomery GI Bill
 Chapter 1606—Montgomery GI Bill Selected Reserve
 Chapter 1607—REAP (Reserve Educational Assistance Program)
 Chapter 35—Survivors’ & Dependents’ Educational Assistance
 Chapter 31—Vocational Rehabilitation & Employment Program
 GoArmyEd—Department of Defense Tuition Assistance

Are you: Veteran Active Duty Reservist/National Guard Member Dependent/Spouse of Veteran
Please submit a copy of your most recent Certificate of Eligibility to the School Certifying Official (located in Student Services)

Academic Information
 Current Degree Program _____

Course Name	Course #	Credit Hours	Repeated? Y/N	Certify this course Y/N

Will you be graduating this term? Yes No Total Credits hours this term: _____
Please note any repeated courses. If there are any courses that you do not wish to be certified for please note “N” in the final column.

Student Responsibility - Please read the following carefully before signing.

- I understand that I am responsible for paying any tuition & fees not paid by the V.A.
- I understand that I will receive benefits only for courses applying toward my program of study. Courses not listed as a requirement for program completion will not be certified and I will not receive benefits for them.
- Any change in status (dropping/adding courses, address & phone number changes, etc...), must be reported immediately to the Certifying Official. Changes in enrollment after certification may result in an underpayment or overpayment of benefits.
- I understand that I am liable for any overpayment(s) that I might receive from the V.A.
- I understand that any unsatisfactory progress will be reported to the V.A.

I understand that I must complete this form for EVERY SEMESTER I wish to receive V.A. educational benefits. Failure to complete this form as soon as I have finalized my enrollment for the indicated term may cause a delay in my benefits for that term. I hereby certify that all statements I have made on this form are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____