



**Veterans Request for Enrollment Certification**

Student Information

Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ VA File # : \_\_\_\_\_

Which VA Education Benefit Program are you requesting to be certified under?

- |  |   |
|--|---|
| <input type="checkbox"/> CH30 MGIB – Active Duty | <input type="checkbox"/> CH31 Vocational Rehab        |
| <input type="checkbox"/> CH33 Post 9/11 GI Bill  | <input type="checkbox"/> Yellow Ribbon % _____        |
| <input type="checkbox"/> CH35 DEA                | <input type="checkbox"/> 1606 MGIB – Select Reserves  |
| <input type="checkbox"/> 1607 REAP               | <input type="checkbox"/> TA/Top Up Tuition Assistance |

1. Have you been certified under this VA Education Benefit Program at another school before? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. \*\* If yes, you must fill out VA form 22-1995, Request for Change of Program/ Change of Place of Training.
2. What is your major? \_\_\_\_\_
  - a. Is this a change in degree program since your last certification? Yes \_\_\_ No \_\_\_
3. Are you repeating any classes? Yes \_\_\_ No \_\_\_. If yes, which ones?  
\_\_\_\_\_
4. Is this a change in your schedule for this semester? Yes \_\_\_ No \_\_\_

\*\* Classes taken in the partial semester will only count for the period of time that they meet. This may affect how the VA determines full time or part time participation. You will need to take a class in session 1 and session 2 to equal one normally scheduled class.

\*\*Only classes required for your degree program can be certified for VA payment. Any additional classes should be added after the required and approved 12 credit hours.

\*\*Failure to attend classes and changes in enrollment after certification will be reported to the VA and may result in retroactive loss of benefits.

**I am aware that changes in my registration may alter the payment the VA will award me.**

**I understand that I am liable for any overpayment I might receive from VA and also understand that I must notify the VA Certifying Official of any changes in registration.**

**I am aware that I must fill out this form each semester after registering for classes.**

**I hereby certify that all statements are true and complete to the best of my knowledge.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**