

REQUEST FOR VETERAN ENROLLMENT CERTIFICATION

LAST NAME _____ FIRST NAME _____

FULL MAILING ADDRESS _____

EMAIL ADDRESS _____ TELEPHONE _____

SOCIAL SECURITY NUMBER _____

PLEASE CIRCLE THE EDUCATIONAL BENEFITS YOU ARE CLAIMING

CHAPTER 30 MONTGOMERY GI BILL

CHAPTER 31 VOCATIONAL REHABILITATION

CHAPTER 33 POST 9/11 (_____ %)

CHAPTER 35 SURVIVORS & DEPENDENTS

FOR CHAPTER 35 DEPENDENTS' EDUCATIONAL ASSISTANCE PLEASE INCLUDE THE FOLLOWING:

NAME OF VETERAN _____

VA FILE NUMBER OR VETERAN'S SOCIAL SECURITY NUMBER _____

PLEASE INDICATE YOUR ANTICIPATED ENROLLMENT FOR THE FOLLOWING CLASS

Class _____ Date _____ Tuition _____
(one form per class)

By signing this form you acknowledge it is your responsibility to inform the Registrar's Office of changes to your enrollment. And if found ineligible for VA benefits you will be responsible for tuition and fees. Please note VA benefits apply only to required courses taken and completed satisfactorily for an approved program.

Signature _____ Date _____