

Indiana University East

Office of Financial Aid and Scholarships

Veteran Request for Enrollment Certification

Term to be certified:

Fall ___ Spring ___ Summer ___

Year _____

UID#: _____ SSN: _____

NAME: _____ VA File # (CH 35 only) _____

Street Address: _____ Email: _____

City, State, ZIP _____ Tel: _____

Under which chapter are you requesting to be certified?

___ Chapter 30 (MGIB)

___ Chapter 31 (Vocational Rehabilitation)

___ Chapter 1606 (MGIB Reserve/Guard)

___ Chapter 1607 (REAP/Eligible Reserve/Guard)

___ Chapter 35 (Child or Widow of 100% Disabled or Deceased Veteran)

___ Chapter 33 (Post 911) Percentage of Benefits _____

___ Chapter 33 (Post 911 Transfer of Benefits) Percentage of Benefits _____

Is this the first time you have used your GI Bill at IU East? _____

Have you ever used your GI Bill at another school? _____

Have you ever been certified under this VA program before? ___ Yes ___ No If yes, at what institution? _____

What is your declared major? _____

Have you changed majors since your last VA enrollment certification? ___ Yes ___ No

How many hours have you completed? _____

How many hours are you enrolled in for this semester? _____

Are you repeating any classes? ___ Yes ___ No If yes, which ones? _____

Do you intend to enroll next semester? ___ Yes ___ No

When do you expect to graduate? _____

List any of your classes that do not meet for the entire fall or spring semester (1st or 2nd 8 weeks, non-standard duration, etc)

Classes that do not meet for the entire semester are only certified for the period in which they meet. The VA will exclude them during the rest of the semester when determining how much you will be paid.

I understand that:

*All course work must be required for my approved degree in order to receive VA benefits

*In the case of any failing grade, the instructor will be contacted to verify the last date of attendance

*I must notify the Veterans Support Office of any changes in my enrollment for this semester and that such changes could impact my level of educational benefits including potential repayment of any overpayment

*I must complete this form each and every semester in which I wish to be certified for VA educational benefits

*I authorize Indiana University East to release my academic records to the Veterans Support Services Office and the Department of Veterans Affairs

Signature

Date