

## Veteran Request for Enrollment Certification

Please Return Request to:

Office of Financial Aid  
Indiana University East  
2325 Chester Blvd  
Richmond, IN 47374  
Phone: (765) 973-8206 Fax: (765) 973-8288  
Email: [iuevets@iue.edu](mailto:iuevets@iue.edu)

Please indicate semester and year  
you wish to be certified for:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

Circle One: Undergraduate / Graduate

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

Street address: \_\_\_\_\_ VA File #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

\_\_\_\_\_(Chapter 30) Montgomery (Active Duty) GI Bill \_\_\_\_\_(Chapter 31) Vocational Rehabilitation  
\_\_\_\_\_(Chapter 1606) Montgomery (Reserve/National Guard) GI Bill Voe Rehab Counselor \_\_\_\_\_  
\_\_\_\_\_(Chapter 35) Spouse/Dependent of Veteran Ch 35 File# \_\_\_\_\_ Ext# \_\_\_\_\_  
\_\_\_\_\_(Chapter 1607) Montgomery (Reserve/National Guard Active Duty) GI Bill  
\_\_\_\_\_(Chapter 33) Post 9/11 GI Bill Eligibility Percentage \_\_\_\_\_

1. Have you ever been certified under this VA Education Benefit Program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what institution? \_\_\_\_\_

2. What is your current Degree (or Certificate) objective? \_\_\_\_\_ Major \_\_\_\_\_

3. Have you changed majors since your last VA enrollment certification? Yes \_\_\_\_\_ No \_\_\_\_\_

4. How many credit hours are you enrolled in for the semester requested? \_\_\_\_\_

5. Are you repeating any classes? Yes \_\_\_\_\_ No \_\_\_\_\_ Which ones? \_\_\_\_\_

6. Are you participating in any Distance or Independent Study course offerings this term? Yes \_\_\_\_\_ No \_\_\_\_\_

Which ones? \_\_\_\_\_

7. Do you expect to graduate this term? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\* Classes that do not meet for the length of the semester are only included during the period they meet. The VA will exclude them during the rest of the semester when deciding how much you will be paid. **NOTE: Enrollment dates may vary for these courses and as a result, payment may be different than expected.**

**\*\*ALL COURSE WORK MUST BE REQUIRED FOR THE DEGREE IN ORDER TO USE VA BENEFITS**

**\*\*FOR ALL FAILING GRADES, THE INSTRUCTOR WILL BE CONTACTED FOR LAST DATE OF ATTENDANCE**

Change in course enrollment after certification will be submitted to the VA and may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME. I understand that I will be liable for any overpayment I might receive from the Veterans Administration. I also understand that I must notify the VA Certifying Official of any changes in registration.

I AM ALSO 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 and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE