Veteran/Dependent Request for Enrollment Certification

Return to: Indiana University
Veterans Support Services
Franklin Hall 006

Term to be certified:
Fall____ Spring____ Summer____
Year_____

UID#: _____ **Do you plan to apply for the Post 9/11 GI Bill? _____**

NAME: _____

Street Address: _____ IU Email: _____

City, State, ZIP _____ Tel: _____

Under which chapter are you requesting to be certified?

____Chapter 30 (MGIB)

____Chapter 33 (Post 9/11 GI Bill) Have you been certified under any other Chapter (i.e. 30, 1607, 31)?_____

____Chapter 1606 (MGIB Reserve/Guard) ____ Chapter 1607 (REAP/Eligible Reserve/Guard)

____Chapter 31 (Vocational Rehabilitation) ____Chapter 35 (Child or Widow of 100% Disabled or Deceased Veteran)

What is your declared major?_____

Have you changed majors since your last VA enrollment certification? ____Yes ____No

If Yes, new major_____

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

Are you repeating any classes? ____Yes ____No If yes, please list: _____

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.

Are you taking any of the following courses: MATH X018, M014, M025, M026, M027, J111, J112? _____Yes _____No
If Yes, please list:_____

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 to release my academic records to the Veterans Support Services Office and the Department of Veterans Affairs
- Chapters 30, 1606 and 1607 recipients must verify enrollment monthly (online via WAVE or by phone).

_____ _____
Signature Date

Attach a copy of your semester enrollment/class list/schedule.