

## VETERANS AFFAIRS OFFICE ENROLLMENT CERTIFICATION FORM

### Personal Information *(Submit with copy of pertinent documents)*

Student ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security#: \_\_\_\_\_ VA File Number: \_\_\_\_\_

In most cases the VA file is the same as your social security number; however, there are exceptions (i.e. qualified dependents of veterans). It is the student's responsibility to provide the accurate information. **If you do not know your VA File Number refers to your Certificate of eligibility or call 1-888-GIBILL-1**

### \*Chapter Benefit (Circle One)

Ch. 30 (Active Duty) Ch. 35 (Dependent/Title 29) Ch. 1607 (REAP) Ch. 1606 (Reserve/ Nat'l Guard)

Ch. 31 (Voc-Rehab) Ch. 33 (Post 9/11 – Benefit % \_\_\_\_\_)

### \*Certifying Semester

Please select the term which you are requesting benefits:

FALL SPRING SUMMER ONLINE -1<sup>st</sup> session ONLINE -2<sup>ND</sup> session YEAR \_\_\_\_\_

SUBR Program/ Major \_\_\_\_\_

***For Official Use Only***

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Course Name and Number	CRN	Credit Hours	Check If Non-Degree

**ADDRESS AND ZIP CODE OF  
INTERNSHIP/TRAINING**

ZIP CODE: \_\_\_\_\_

### \*\*\*PLEASE NOTE: VA BENEFITS ARE NOT AWARDED FOR NON-DEGREE COURSES

- I understand that I am required to complete and submit a Veterans Enrollment Certification Form each semester I request to use my VA benefits
- I understand that if I change my school or major, I am required to complete VA form 22-1995
- I understand that certifications will be submitted to VA via VA-Once within 7-10 business days
- I certify that the information given is correct and complete to the best of my knowledge
- I verify that the information found on this form to be true and accurate. I understand that my educational benefits will not be awarded until I have filed this form with the SUBR Veterans Affairs Office upon registration.
- I understand that if I drop a course during this semester, my benefits may decrease.
- I understand that I must report dropped courses to the SUBR Veterans Affairs.
- I understand that it is my responsibility to ensure all courses taken count toward my degree

Student Name (Print Legibly) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_