

VETERANS AFFAIRS OFFICE ENROLLMENT CERTIFICATION FORM

This form is to be completed each enrollment period by the third day of classes and returned to SUBR's Office of Veterans Affairs, located in SUBR Registrar's Office:

Note: If you have not been admitted, contact the Office of Admissions and Recruitment immediately, www.subr.edu/admissions

Personal Information (please print legibly).

Last Name _____ First _____ MI _____

Street No. _____ City _____ State _____ Zip Code _____

Phone Number: _____ Email Address _____

Student ID#: _____ SUBR Program/ Major _____

VA File Number: _____

In most cases the VA File number 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 accurate information. **If you do not know your VA File Number refer to your Certificate of Eligibility or call 1-888-GIBILL-1.**

PLEASE INDICATE YOUR BENEFITS CHAPTER:

_____ Chapter 30 (Active Duty)

_____ Chapter 1606 (Reserve/Nat'l Guard)

_____ Chapter 35 (Dependent)

_____ Chapter 31 (Voc Rehab)

_____ Chapter 1607 (REAP)

_____ Chapter 33 (Post 911)

Certifying Semester

Please select the term which you are requesting benefits:

FALL SPRING SUMMER INTERSESSION YEAR _____

Course Name and Number	CRN	Credit Hrs	

**For Official Use
Only**

Checked By: _____

Date: _____

PLEASE NOTE: VA BENEFITS: ARE NOT AWARDED FOR NONDEGREE-COUNTABLE COURSES

PLEASE LIST NONDEGREE-COUNTABLE COURSES(S) BELOW:

VA WILL NOT PAY FOR THESE CLASSES

Course Name and Number	CRN	Credit Hrs.

CHECKLIST

☐ **TAKE THIS FORM TO YOUR FACULTY ADVISOR/ACADEMIC ADVISOR.**

(This form must be completed at the beginning of each enrollment period/term. Your advisor must certify that the courses indicated on this form are degree-countable. **VA BENEFITS ARE NOT AWARDED FOR NONDEGREE-COUNTABLE COURSES**)

☐ **CHECK FORM FOR ACCURACY.**

(Please verify the information provided on this form is correct. Make any changes with your advisor's help.)

☐ **STUDENT AND FACULTY ADVISOR MUST SIGN THE FORM.**

☐ **FILE FOR WITH SUBR VETERANS AFFAIRS OFFICE.**

(It is YOUR responsibility to file this form with the SUBR VA Office upon registration.)

PLEASE NOTE: Your enrollment will not be certified with the DVA Regional Office until this form has been filed with the SUBR Veterans Affairs Office. Failure to do so could result in the delay and/or termination of your educational benefits.

MEMORADUM OF UNDERSTANDING

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 Office and complete the appropriate forms.

Student Name (Print Legibly)

Student Signature

Date

Advisor Name (Print Legibly)

Advisor Signature

Date