Enrollment Certification Request

Quarter: ☐ Autumn  ☐ Winter  ☐ Spring  ☐ Summer  Year: __________

Student name (print): ____________________________  Student ID #: __________________
Degree (BA, MS, PhD, etc.): ________________________  Major: __________________________
Branch of service (if veteran): ______________________  Using Tuition Assistance or employer tuition benefit? __________

Veteran Status
☐ Discharged veteran  ☐ National Guard member  ☐ Child of U.S. military veteran or active duty
☐ Active duty  ☐ Reservist, not including ROTC  ☐ Spouse of veteran or active duty

VA Educational Benefits program
☐ Chapter 30 (Montgomery GI Bill)  ☐ Chapter 35 (Survivors/Dependents Educational Assistance)  ☐ Chapter 33 (Post 9/11)
☐ Chapter 31 (Voc. Rehab.)  ☐ Chapter 35 (Survivors/Dependents Educational Assistance)  ☐ Chapter 1606 (Selected Reserves)

Course name and number  Credits  Verif'd VEBO  Course name and number  Credits  Verif'd VEBO

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Repeating any courses? __________  Online courses? __________  Nonstandard term dates? __________
(attach course repeat form)  (attach department memo or advisor email)

Advisor signature and agreement

I certify that all course listed above are required, as core requirements or electives, for this student’s program of study.
(Exceptions: ____________________________)

Advisor name (please print) ____________________________  Advisor Signature ____________________________
Department ____________________________  Advisor Phone ____________________________  Date ____________________________

Student signature and agreement

- I understand I must complete this form each quarter after registering for classes.
- I understand it is my responsibility to inform the Veterans Education Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits which I will be obligated to return to the Veterans Administration.
- I authorize the Veterans Education Benefits staff to release information from my student record to the Veterans Administration.

☐ Check if applicable: I request a change of program or place of training as certified. (VA 22-1995 or 22-5495)
☐ Check if applicable: I request to resume using benefits after an absence of more than six months. (VA 22-1995 or 22-5495)

Signature ____________________________  Date ____________________________

Please return this form to the Veterans Education Benefits office in person, by email, or by FAX.