

# Veteran Request for Enrollment Certification

Please Return to: Purdue University  
Office of the Registrar  
610 Purdue Mall  
West Lafayette IN 47907  
Phone: (765) 494-7638  
Fax: (765) 494-1520

Please indicated Semester/Year you wish to be certified for:

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

Year: \_\_\_\_\_

NAME: \_\_\_\_\_ VA File #: \_\_\_\_\_

Street address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

\_\_\_\_\_ (Chapter 30) Montgomery (Active Duty) G I Bill \_\_\_\_\_ (Chapter 31) Vocational Rehabilitation

\_\_\_\_\_ (Chapter 1606) Montgomery (Reserve/National Guard) G I Bill

\_\_\_\_\_ (Chapter 35) Spouse/Dependent of Veteran G I Bill VA Claim Number \_\_\_\_\_

\_\_\_\_\_ (Chapter 1607) Montgomery (Reserve/National Guard Active Duty) G I Bill

\_\_\_\_\_ (Chapter 33) Post 9/11 GI Bill (**Beginning Fall 09**)

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 (of Certificate) objective? \_\_\_\_\_ Major \_\_\_\_\_
3. Have you changed majors since your last VA enrollment certification? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, you must meet with the VA Certifying Official.
4. How many hours are you enrolled in for the semester requested? \_\_\_\_\_
5. Are you repeating any classes? \_\_\_\_\_ Yes \_\_\_\_\_ No Which ones? \_\_\_\_\_
6. Please list any classes you have enrolled in that do not last the full length of the semester? \_\_\_\_\_

\_\_\_\_\_. 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 has been submitted to the VA 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. You must also provide the VA Certifying Official a copy of your add/drop form.

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**

03/06/2009