

Veteran Request for Enrollment Certification

Please Return to: Purdue University
College of Technology - SCO
4444 Kelly St.
Columbus, IN 47203
Phone: (812) 348-2041
Fax: (812) 348-2016

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

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 (or 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