

**VA Enrollment Certification Form  
Viterbo University**

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

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

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Viterbo Student ID: \_\_\_\_\_

Student Status:                      Full-time                      Part-time  
  
   Undergrad.                      Graduate

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Chapter Applying For (check one):**

Chapter 30 (Active Duty)

Chapter 33 (Post 9/11 GI Bill)                      I am the (pick one)                      Veteran /                      Spouse/                      Dependent

Chapter 35 (Dependent or Spouse)                      Chapter 35 veteran ID #                      \_\_\_\_\_

Chapter 1606 (Selected Reserves/Guard)

Have you used VA Benefits at Viterbo before?                      Yes                      No

Have you changed your major?                      Yes                      No

Are you graduating from Viterbo this semester?                      Yes                      No

**I am requesting VA Certification for (check one):**

Fall 20 \_\_\_\_                      Spring 20 \_\_\_\_                      Summer 20 \_\_\_\_

Number of Credits for Semester Above: \_\_\_\_\_ (do not complete this form until after registration)

List all classes for specified semester (Attach additional sheet if necessary):

| Course Number | Course Title | Credit Hours | Course Start Date | Course End Date |
|---------------|--------------|--------------|-------------------|-----------------|
|               |              |              |                   |                 |
|               |              |              |                   |                 |
|               |              |              |                   |                 |
|               |              |              |                   |                 |

**Important Note:** Payment of VA education benefits requires a student to be enrolled in and attending class. Any course that is less than the full 16 week semester is required to be reported to the VA separately. *This may reduce your tuition and fee payment and/or housing allowance based on VA rate of pursuit calculations.* Please contact Jill Brye, School Certifying Official, with questions.

**Please initial each statement:**

\_\_\_\_\_ I request VA Certification for the term noted above.

\_\_\_\_\_ I understand that I am responsible for notifying the School Certifying Official of any changes in my enrollment within 7 days. Changes could result in an overpayment/debt situation.

\_\_\_\_\_ A veteran may only be certified for courses that are required for his/her degree program. Study abroad and travel component fees are not covered by the VA.

\_\_\_\_\_ I acknowledge that I have read the "important note" above and the ECF "FAQ" document.

\_\_\_\_\_ I understand that I must complete this form each semester. If I do not complete a new form each semester, a certification will not be processed and I will not receive my benefits.

\_\_\_\_\_ I understand that I am responsible for any tuition and fees not paid by the VA, and that I must adhere to all Business Office payment policies.

**By signing, I understand and acknowledge all information contained on this form.**

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

**Return form to Jill Brye, VA Certifying Official, Financial Aid Office, MRC 218 or email: [jrbrye@viterbo.edu](mailto:jrbrye@viterbo.edu)**