

**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 Carey Jennings, 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 Carey Jennings, VA Certifying Official, Financial Aid Office, MRC 218 or email: cdjennings@viterbo.edu