

Office of Veterans Affairs
Request for Certification for Future Enrollment Periods

Please Return to: Indiana University-Purdue University
Office of the Registrar
2101 Coliseum Blvd., East
Fort Wayne, IN 46805
Phone: (260) 481-6126
Fax: (260) 481-6110

Please indicate 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) GI Bill

_____ (Chapter 1606) Montgomery (Reserve/National Guard) GI Bill

_____ (Chapter 35) Spouse/Dependent of Veteran GI Bill VA Claim Number _____

_____ (Chapter 1607) Montgomery (Reserve/National Guard Active Duty) 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 fill out a form 22-1995.

4. How many hours are you enrolled in for the current semester? _____

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**

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.

ACKNOWLEDGMENT

I understand that the VA is not responsible for paying my tuition and that I must have my tuition paid in full or have payment arrangements made by the payment deadline. I understand that I am responsible for keeping the VA Certifying Official informed of my current status, especially in any changes in the above schedule, especially any adds, drops, or changes in my major area of study. I am aware of the established procedures for registration, drops, adds, withdrawals, and fee payments.

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 must also fill out and provide the VA Certifying Official a VETERANS CHANGE OF ENROLLMENT STATUS form located in the Registrar's Office.

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