

VA Certification Request and Student Responsibility Certification

This form must be completed after you registered for classes, for your initial VA certification process to begin. A copy of your DD214 and Certificate of Eligibility must be on file with the Office of Financial Aid prior to the certification process. Complete and submit this form to the Office of Financial Aid in order to ensure Certification for Veterans Educational Benefits to which you may be entitled is processed accurately and promptly. Please carefully read the Veteran Student Responsibility Certification. For your convenience this form may be submitted in person, by fax, email or mailed to the Office of Financial Aid.

Name: _____ SS# _____
Last First Middle

Address: _____
Street City State Zip

Email: _____ Phone#: (_____) _____ - _____

1. Academic Program: _____
2. I will begin using VA benefits in: _____ (Month/Year)
3. Attach a copy of your student class schedule from MyBenU
4. I am eligible for the following Veteran Educational Benefits Program:
 - Chapter 30: Montgomery GI Bill
 - Chapter 31: Veterans Vocational Rehabilitation
 - Chapter 32: Veterans Educational Assistance Program
 - Chapter 33: Post 9/11 GI Bill
 - Chapter 35: Survivors and Dependents Educational Assistance Program
 - Chapter 1606: Montgomery GI Bill Selected Reserve
 - Chapter 1607: Reserve Educational Assistance Program

Veteran Student Responsibility Certification

I am fiscally responsible for my education and enrollment with Benedictine University. It is my responsibility to notify and authorize Benedictine University certifying officials **each term** when I enroll so that Certification to the Veterans Administration may be processed on my behalf. I will promptly inform the Office of Financial Aid of any changes in my enrollment status. Changes in my enrolment are reported to the VA and subsequent debt might be incurred for which I am responsible. Generally the Veterans Administration will not pay for:

- Courses that are not necessary for my chosen academic program
- Courses for which I do not participate/attend
- Courses from which I withdraw
- Courses that I complete but receive a grade that will not count toward graduation

By signing, I acknowledge that I have read and understand the above and that the information provided in my certification request is accurate.

Student Signature: _____ Print Name: _____

Student ID: _____ Date: _____