



Office of Financial Assistance

REQUEST FOR CERTIFICATION OF ENROLLMENT

All eligible VA students must complete this form for each semester they are requesting VA Education Benefits.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

St. Mary's ID: \_\_\_\_\_ St. Mary's E-Mail Address: \_\_\_\_\_

Type of Degree Seeking: \_\_\_ Bachelor's Degree \_\_\_ Teaching Certification Program
\_\_\_ Graduate Degree (Master's or PhD) \_\_\_ Law

Major (Degree or Program): \_\_\_\_\_ Minor: \_\_\_\_\_

What VA Education Program/Chapter Are You Under? (check one)

Ch 30 (GI Bill) Ch 33 (Post 9/11 GI Bill) Ch 1606 (Reserves)
Ch 31 (Voc Rehab) Ch 35 (Dependent - File # \_\_\_\_\_) Ch 1607 (REAP)

Are You On Active Duty? Yes \_\_\_ No \_\_\_ Is Your Spouse on Active Duty? Yes \_\_\_ No \_\_\_ N/A \_\_\_

What Semester(s) Are You Requesting Certification For? (check semester & include year)

[ ] Fall/Year \_\_\_\_\_ [ ] Spring/Year \_\_\_\_\_ [ ] Summer/Year \_\_\_\_\_
[ ] Intersession/Month & Year \_\_\_\_\_/\_\_\_\_\_

Are You Graduating This Year? \_\_\_ Yes \_\_\_ No If Yes, what semester? \_\_\_\_\_

- I certify that I am eligible to receive VA Education Benefits and request St. Mary's certify my enrollment in the courses acceptable to meet my degree requirements.
I agree to assume full responsibility for reimbursement of funds to St. Mary's or the Department of Veterans Affairs should an over-payment occur as a result of this certification.
I agree to notify St. Mary's VA Certifying Official of any changes in my enrollment, address, major/program, or education benefit eligibility status.
I certify that I am not repeating any courses previously taken and completed unless otherwise permitted by VA regulations.
I understand that St. Mary's will not submit certifications to VA until after the end of the refund period for the particular semester I am requesting certification for.
I understand that I must bring in an evaluated degree plan signed by my academic advisor in order to obtain certification.

I certify that I have read and understand my responsibilities and agree to comply with all of the above.

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