



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, Graduate Degree (Master's or PhD), Teaching Certification Program, Law

Major (Degree or Program): Minor:

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

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

Checkboxes for 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 enrollment billing 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: