

## Verification of VA Enrollment

This form must be completed at the beginning of each enrollment period (fall, spring, summer) by students who wish to receive veteran's benefits. VA will only pay for courses that apply towards student's degree program.

<b>Name:</b>		<b>Term:</b>	<b>Year:</b>
ID #: 900			
<b>Major:</b>	<b>Degree:</b>		

### Schedule of Enrollment

CRN	DEPT	COURSE #	SECTION	COURSE NAME	REQUIRED (YES OR NO)

### Statement by Student

I certify that I am not repeating a course for which I have previously received credit or grade requirement, at this institution or any other institution. I also understand that I will not be certified for courses that are not in my program of study.

I understand that in order to be eligible to receive the full-time rate for veteran's benefits, I must be enrolled in 12 semester hours for undergraduate students and 9 semester hours for graduate students for the fall and spring semesters.

I understand that I must report any changes made to my schedule of classes to the VA School Certifying Official directly and immediately. I understand changes to my schedule may affect my benefits. Changes include change of major, audits, additions, drops, withdrawals, changing from one course to another, etc. I further understand that such changes made to my schedule through the normal school process do not constitute notification to the VA School Certifying Official. Failure to notify the VA School Certifying Official of changes in a timely manner may result in overpayment for which I am responsible.

I understand that I must adhere to the attendance policy as printed in the university catalog. Failure to do so will affect my enrollment status, which may reduce or terminate my VA educational benefits and may result in an overpayment for which I am responsible.

- I am verifying that I have read and understood all the information provided to me in the "Applying for VA Educational Benefits" Handout. (available in the SCO Office or you may email the SCO to receive it)

<b>Student Signature:</b>	<b>Date:</b>
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### Statement of University Official

I certify that a minimum of \_\_\_\_\_ semester hours of the courses listed above for the current period of enrollment apply towards meeting degree requirements for the degree options named.

<b>Advisor or Dept. Chair:</b>	<b>Date:</b>
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