



VETERANS REQUEST FOR CERTIFICATION

I plan to attend Dillard University for the academic term indicated below, and request that my enrollment be certified with the Veterans Administration. I understand that filling out this form does not automatically certify me for VA benefits. Courses must qualify under VA guidelines (Refer to www.gibill.va.gov/ for any questions.) I understand that all communication regarding this request for certification will be sent to my official university email address.

Name _____ SSN _____ SID _____

Phone (home/cell) _____ (Email) _____

Are you currently serving on active duty? Yes No

MY VETERAN'S STATUS IS: (please check the appropriate category)

- Ch. 30- Montgomery G.I Bill
- Ch. 31- Vocational Rehabilitation
- Ch. 35- Survivors & Dependents Assistance
- Ch. 33- Fry Scholarship
- Ch. 1606- Selected Reserve/National Guard
- Ch. 1607- Reserve Educ. Assistance Program
- Ch. 33- Post- 9/11 GI BILL
- Ch. 33- Post- 9/11 GI BILL (Spouse/Dependent)

Degree you are pursuing? (please check one) B.S. B.A. B.S.N.

What is your major? _____

I understand that my enrollment is certified at my request and school certifying officials are not able to verify my eligibility of VA educational benefits. I understand that it is my responsibility to ensure that this certification is not a duplication of federal benefits.

Are you receiving any other form(s) of federal funding for this term? (Excluding Title IV funds) Yes No

If yes, funding source: _____ Amount _____ (Title IV funds include PELL, Stafford loans, etc.)

Term	Course Number	Course Title	Credits	Is this a repeat class?

I understand that I must be registered for the class(es) listed above before my enrollment can be certified with the VA. (Any change in schedule requires a new form.) It is my responsibility as a student receiving VA benefits to notify the Dillard University Veterans Certifying Official if any change is made to the above class schedule. I will notify the Veterans Certifying Official if I add drop, withdraw, or otherwise stop attending any class. I also understand that I must make satisfactory progress toward my educational goal and that school will report to the VA any changes in my enrollment status, lack of academic progress and any other information upon request.

Signature: _____ Date: _____

Evaluator: _____ Date _____