

Shepherd University

Office of the Registrar

Veteran Enrollment Certification Request

INSTRUCTIONS: To be eligible for VA Educational Benefits: a) the *Certification Request* form must be completed each semester, and b) you must be pursuing a program of study or training and making satisfactory progress toward completion of your educational goal as stated on your current application with the Veteran Administration. **All questions must be answered to ensure accurate processing. If a statement does not apply, enter n/a.** When completed, this form contains information protected under the Family Educational Rights and Privacy Act (FERPA).

Name _____	C- _____	SU ID# _____
First / Middle / Last Name	VA File Number	
VA Check Mailing Address _____		
Street / City / State / Zip Code		
<input type="checkbox"/> Check here if this is a change of address that needs to be submitted to the Department of Veterans Affairs		
Local Campus/Off Campus Address _____		
Street / City / State / Zip Code		
E-mail Address _____	@shepherd.edu	Phone (_____) _____
Type of Training	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate/Advanced
Current Degree Program (e.g., BA, BS, MA, etc.) _____	Major (e.g. Biology) _____	
Anticipated Date of Graduation	Month _____	Year _____
NOTE: Is this a change in Program (major) or Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete Form 22-1995 and STOP HERE. Make an appointment to see the Shepherd University Certifying Official.		
Terms and Credit Hours (Insert the term/year for this certification and anticipated number of credit hours)		
FALL: Year _____ Cr. Hours _____ — SPRING: Year _____ Cr. Hours _____ — SUMMER: Year _____ Cr. Hours _____		
Will any of the courses be repeats of previously earned "D" or "F" grades? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTE: Audited classes DO NOT count towards credit hours enrolled. An undergraduate student is classified as full-time if enrolled for 12 credit hours or more per semester. A graduate student is classified as full-time if enrolled for 9 credit hours or more per semester.		
Are you taking classes at another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Credit hours enrolled _____	Beginning Date _____	Ending Date _____

APPLYING FOR VA BENEFITS UNDER: <i>check only one</i>	
<input type="checkbox"/> Chapter 1606 - MGIB Reserves	<input type="checkbox"/> Chapter 33 - Post 9/11 GI Bill
<input type="checkbox"/> Chapter 1607 - MGIB Reserve Ed. Asst. Program	<input type="checkbox"/> Chapter 33 - Post 9/11 GI Bill+Yellow Ribbon Program
<input type="checkbox"/> Chapter 30 - MGIB Active Duty	<input type="checkbox"/> Chapter 35 - Dependent/Spouse of Disabled Veteran
<input type="checkbox"/> Chapter 30 - MGIB Non-Active Duty	<input type="checkbox"/> War Orphan
<input type="checkbox"/> Chapter 31 - VA Vocational Rehabilitation	<input type="checkbox"/> Other _____
Presently In Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
National Guard Tuition & Fee Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving a Kicker? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what chapter? <input type="checkbox"/> 30 <input type="checkbox"/> 1606 <input type="checkbox"/> 1607 Amount per month _____	
Are you receiving Reserve Tuition Assistance (not National Guard)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving ROTC benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduate Students Only: Are you receiving ACES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you submitted the most recent Certificate of Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please provide ASAP to the Certifying Official.	

I understand/certify the following:	
a) Any changes in educational status (i.e., a drop in credit hours, change of program/major, grade changes, withdrawal from the University or suspension) may cause overpayments that must be repaid by the veteran.	
b) Any changes of address must be reported to the Shepherd University Certifying Official within seven (7) days of the change. (Failure to report changes could affect future enrollment certifications.)	
c) I am NOT eligible for any payments under any VA programs for credit hours not required for my degree program.	
d) I do not owe a VA benefit overpayment.	
Signature: _____	Date: _____