

Chapter 31 Request for Enrollment Certification

File #: _____

**Indiana University South Bend, Veteran Student Services, Administration Building, room 101,
Ph. (574) 520-4115, Fax: (574) 520-4868**

BIO DATA

Name: _____ University ID#: _____
IU Email: _____ Voc. Rehab Counselor: _____
Voc. Rehab Counselor Email: _____ Since your last certification, any change(s) to phone or address? Y / N
Are you a new student this semester? Y / N Are you a returning student this semester? Y / N

If yes to a change in phone and/or address or if this is your first semester at IU-South Bend, please fill in the information below:

Street Address: _____ City, State, Zip: _____
Tel: _____ *Have you filled out VA Form 20-572? Y / N
(Change of Address/Cancellation of Direct Deposit)

TERM CERTIFICATION

Term to be certified: ___ Fall ___ Spring ___ Summer 20___ I do **NOT** want to be certified for the _____ term.
term / year

Where did you last use VA Education benefits? _____ Here _____ Other School _____ First Time

Other than the above, please list any VA Education benefit(s) you have received: (i.e. CVO/CDV, Tuition Assistance (TA), Chapter 1606, Chapter 30, Chapter 33, etc.)?

Student Status: Undergraduate Graduate Guest **Tuition Assessment:** In-State or Out-of-State
Have you completed your FAFSA for this academic year? Y / N Will you graduate this semester? Y / N
(Free Application for Federal Student Aid)
What is your declared major(s)? _____ What is your declared minor(s)? _____
Have you changed major(s) since your last certification? Y / N *If yes, have you filled out VA-Form 22-1995? Y / N
(Request for Change of Program or Place of Training)
Are you a transfer student this semester? Y / N
• If yes, have you completed *VA Form 22-1995, Request for Change of Program or Place of Training and submitted it to the VA? Y / N
• If yes, are you repeating any courses for which you've previously received VA Education benefits? Y / N
• If yes, please list: _____

Are you in any courses that do not meet for the entire semester (1st or 2nd 8 weeks, non-standard duration, etc.)? Y / N

If yes, please list: _____

PLEASE READ: Classes that do not meet for the entire semester are only certified for the period in which they meet. The VA will exclude them during the rest of the semester when calculating your benefit. This can impact your payment. Please ask the Office of Veteran Student Services for clarification if you have courses that do not meet for the full term and you are unsure how this will impact your benefit.

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To be completed by NEW STUDENTS ONLY:

Discharge Date: _____

Have you submitted your DD Form 214 to Admissions? Y / N

Have you received your Certificate of Eligibility? Y / N
(this will come from the VA after applying for benefits via VA Form 28-1900)

Have you submitted your Joint Services Transcript (JST)? Y / N
(if applicable; these are course(s) you may have taken outside of basic training)

Have you turned in all applicable paperwork to the Office of Student Veteran Services:
(Incomplete paperwork may result in a delay in processing your VA educational benefits)

_____ Copy of Certificate of Eligibility (CoE)

_____ Copy of DD Form-214

_____ Copy of Admissions Letter to Indiana University South Bend

_____ Copy of Joint Services Transcript (JST)
(if applicable)

***By signing below I understand that:**

- All course work must be required for my approved degree in order to receive VA benefits.
- In the case of any failing grade, my instructor may be contacted to verify the last date of attendance. Failing grades for non-attendance could result in repayment of benefits to the VA.
- I must notify the Office of Veteran Student Services of any changes in my enrollment for this semester and that such changes could impact my level of educational benefits including potential repayment of any overpayment.
- I must complete this form each and every semester in which I wish to be certified for VA educational benefits.
- I consent to the release to the US Department of Veterans Affairs and Indiana University all of my student education records and VA Education Records maintained by the Office of Veteran Student Services, including, but not limited to my Social Security Number.
- My enrollment at IU South Bend will not be submitted to the VA until my Voc. Rehab Counselor has provided authorization.
- I am ultimately responsible for charges to my IU account. Failure by the VA to pay benefits does not exempt me from owing any charges to my IU account.

Signature

Date

**VA Form 20-572: Request for Change of Address/Cancellation of Direct Deposit.* If you have changed your address, the VA requires you to submit VA Form 20-572 (which can be completed electronically via eBenefits). Please inform the School Certifying Official of this change, as this will also need to be updated in VA-ONCE.

**VA Form 22-1995: Request for Change of Program or Place of Training.* If you have changed your major(s) and/or are transferring to Indiana University South Bend from another institution, the VA requires you to submit VA Form 22-1995 (which can be completed electronically via eBenefits). Please inform the School Certifying Official of this change, as this will also need to be updated in VA-ONCE. If you are changing majors and do not know how to do so on campus, please ask our office!

Office of Student Veteran Services Office Use Only:

Date Received / Method: _____

Date Processed in VA-ONCE & Initials: _____

SCO Date & Initials: _____