

# Dominican University

## VA Education Benefit Enrollment Certification

THIS FORM MUST BE COMPLETED EVERY SEMESTER.

READ AND PROCESS EACH SECTION CAREFULLY – AN INCOMPLETE OR INCORRECT SUBMISSION WILL RESULT IN DELAYS. All documents submitted to the Office of the Registrar must be signed; all ~~Yes~~  **No**

(If no, please attach NOBE or DD214)      "      Zip Code

Please indicate which semester this form is to be applied: \_\_\_\_\_

Are you a graduate or undergraduate? \_\_\_\_\_

What is your major? \_\_\_\_\_

### Indicate your VA Benefit Category Below:

Post 9/11 GI Bill (Chapter 33) \* Please submit certificate of eligibility.\*

Montgomery GI Bill – Active Duty (Chapter 30)

Montgomery GI Bill – Survivors and Dependents Educational Assistance Program (Chapter 35) VA File # \_\_\_\_\_

Vocational Rehabilitation (Chapter 31)

### Agreement and Signature:

YOU MUST NOTIFY OUR OFFICE of (a) Any changes in your schedule, (b) any changes in your program, (c) withdrawal, dismissal or activation. By signing below, you are accepting responsibility for any overpayment resulting from inaccurate or false information. You have the legal responsibility of notifying the Dominican University Financial Aid Office of any changes in status or enrollment. Failure to notify this office of any status changes may result in under/over payment and/or delay in receiving your Department of Veteran Affairs Educational Benefits. Note: VA will correct overpayments by subtracting the amount in question from subsequent checks.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date