Chapter 33 Request for Enrollment Certification- Veteran or Service Member

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#:						
[U 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 so	emester at IU-South Bend, please fill in the information below:						
Street Address:	City, State, Zip:						
Геl:	*Have you filled out VA Form 20-572? Y / N (Change of Address/Cancellation of Direct Deposit)						
TERM CERTIFICATION							
Γerm to be certified:FallSpringSummer 20	I do <u>NOT</u> want to be certified for the term.						
Where did you last use VA Education benefits?Here Other than the above, please list any VA Education benefit(s) you have Chapter 1607, 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 Free Application for Federal Student Aid)	Will you graduate this semester? Y/N						
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	(Request for Change of Frogram or Flace of Training)						
 If yes, have you completed *VA Form 22-1995, Request for Y / N 	Change of Program and Place of Training and submitted it to the VA?						
If yes, are you repeating any courses for which you've previous	•						
If yes, please list:							
Are you in any courses that do not meet for the entire semester (1st or							
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.

To be completed by NEW STUDENTS ON	<u>'LY:</u>			
Discharge Date:		Have you submitted you	r DD Form 214 to Admissions?	Y / N
Have you received your Certificate of Eligil (this will come from the VA after applying for benefits			r Joint Services Transcript (JST)? (s) you may have taken outside of basic tra	
Have you turned in all applicable paperwork (Incomplete paperwork may result in a delay in process				
Copy of Certificate of Eligibility (Col	E)			
Copy of DD Form-214				
Copy of Admissions Letter to Indiana	University South Bend			
Copy of Joint Services Transcript (JS (if applicable)	T)			
 *By signing below I understand that: All course work must be required to attendance could result in repayment attendance could result in repayment. I must notify the Office of Veterand impact my level of educational bereighted. I must complete this form each and in a consent to the release to the US Education Records maintained by a Number. I am ultimately responsible for charment from owing any or all charges of Assistance, National Guard Supples 	y instructor may be contacted of benefits to the VA. In Student Services of any of the student Services of any of the student Services of any of the student Services of the Office of Veterans At the Office of Veteran Student Stude	changes in my enrollment for epayment of any overpaym I wish to be certified for V ffairs and Indiana Universit dent Support Services, inclu- ailure by the VA or my serv	or this semester and that such char- ent. A educational benefits. y all of my student education reco- ding but not limited to my Social ice branch to pay benefits does no	nges could ords and VA Security of exempt
Signature		Date		
*VA Form 20-572: Request for Change of A submit VA Form 20-572 (which can be come as this will also need to be updated in VA-Case) *VA Form 22-1995: Request for Change of	npleted electronically via DNCE. Frogram or Place of Tra	eBenefits). Please inform the ining. If you have changed	e School Certifying Official of thi your major(s) and/or are transferri	is change,
Indiana University South Bend from anothe electronically via eBenefits). Please inform you are changing majors and do not know h	the School Certifying Off low to do so on campus, p	ficial of this change, as this blease ask our office!	will also need to be updated in VA	
Office of Student Veteran Services Office	•			
Date Received / Method:	Date Processed in VA-C	ONCE & Initials:	_ SCO Date & Initials:_	

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