

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 e-communications from the Financial Aid Department will be sent to the students official Dominican e-mail account.

Student Name: _____ **Student ID Number:** _____

Relationship to Veteran: _____

Have you received Benefits at Dominican before? [] Yes [] No

(If no, please attach NOBE or DD214)

Are you currently on active duty? [] Yes [] No

Last Name First Name

Phone Number

Mailing Address

City

State

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 – Reserve Duty (Chapter 1606)

[] Reserve Educational Assistance Program (Chapter 1607)

[] 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