



# Fall 2017 Veteran Benefit Certification Request

All fields are required. Please complete this form in PEN. Missing information will delay the processing of your benefits.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SS# \_\_\_\_\_ AU ID \_\_\_\_\_ VA File# (Ch. 35 only) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

AU Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Degree Program:  BA  BSN  MA  MBA  EdD  Other: \_\_\_\_\_  
 BS  BSW  MS  MSW  DSW

Specify Major/Concentration: \_\_\_\_\_ I will live:  on campus  off campus

Anticipated Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_ 2017-2018 FAFSA:  Complete  Will file  Will not file

I am requesting VA Educational Benefits under the following Chapter for the courses listed below:

- Ch.30 (Montgomery GI)     Ch. 31 (Voc Rehab)     Ch.32 (VEAP)     Ch.33 (Post 9/11)     Ch.35 (Dependent)     Ch.1606 (National Guard Reserve)     Ch.1607 (REAP)

Complete Name of Course	Course Number	Start & End Dates	Semester Hours	Online Course
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*\*Before dropping classes, please contact the Office of Financial Aid as this may result in you having to pay ALL or a portion of your benefits back to the VA.*

**STATEMENT OF UNDERSTANDING:** I understand it is my responsibility to inform the Office of Financial Aid of ANY changes in my enrollment and/or changes in the type of VA benefits I will be receiving while attending Aurora University. I understand it is my responsibility to verify my attendance with the VA on the LAST day of EACH month if I am receiving **Ch. 30, Ch. 1606, or Ch. 1607** benefits. I understand the VA will only pay for classes pertaining to my major as defined in the Aurora University catalog. I understand enrollment certifications will only be sent by the Office of Financial Aid to the VA **after** I am registered for a given semester. I understand final benefit determination is the sole responsibility of the VA.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_