



Spring 2023 Veteran Benefit Certification Request

Do not leave any fields blank. This form cannot be completed in pencil. 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 _____ 2022-2023 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 → **Must be drawn and not typed.** _____

Date _____

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.