

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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please attach NOBE or DD214)			
Are you currently on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
<input type="checkbox"/> Post 9/11 GI Bill (Chapter 33) * Please submit certificate of eligibility.*
<input type="checkbox"/> Montgomery GI Bill – Active Duty (Chapter 30)
<input type="checkbox"/> Montgomery GI Bill – Reserve Duty (Chapter 1606)
<input type="checkbox"/> Reserve Educational Assistance Program (Chapter 1607)
<input type="checkbox"/> Survivors and Dependents Educational Assistance Program (Chapter 35) VA File # _____
<input type="checkbox"/> 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