



# Enrollment Data Request

Last Name	First	Middle	Semester	
Street Address		Inform the certifying official of changes to your Educational Objective.	Chapter	
City	State		Zip Code	Student ID
E-mail Address			Phone number	
Educational Objective				

**Only classes reflected on your Education Plan will be certified for benefits**

				Certifying Official Only	
Course Reference No.	Course Name and Number	Units	Full Term [FT], Distance Learning [DL] or Short Course [start & end dates]	✓ Certifiable	✓ Non-Certifiable
<b>TOTAL UNITS FOR CERTIFICATION</b>					⊗

**CERTIFICATION is requested for TRANSIENT ENROLLMENT:**

**SECONDARY INSTITUTION:** \_\_\_\_\_

					Certifying Official Only	
Course Reference No.	Course Name	Course Number	Section	Units	✓ Certifiable	✓ Non-Certifiable

**Deduction of Entitlement**

The amount of entitlement you are charged is determined by your training time during a term, regardless of the amount you are paid. For example 4 months of classes at quarter time .25 (4x.25=1) would use up 1 month of benefits.

**Rate of Pay**

For Ch. 33 recipients, rate of pay is determined by months of active duty post-9/11 & certification of at least 6.5 units. For Ch. 30, 1606, 1607, and 35 recipients rate-of-pay is determined by the number of certified units.

**Continuous Pay**

You will be paid through eligible breaks between semesters, unless you request otherwise.

I certify that the statements on this application are true and complete to the best of my knowledge. I understand it is my responsibility to notify the Veterans Administration and this office of any course load change immediately. I accept personal responsibility for any overpayments made and I agree to refund such overpayments promptly to the VA.

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

Date \_\_\_\_\_