

**2014-2015**

VA Education Benefit Enrollment Certification

VA Certifying Official: Liz Olsen – Registrar EOlsen@dbq.edu Phone: 563-589-3178

**THIS FORM MUST BE COMPLETED EVERY ACADEMIC YEAR**

READ AND PROCESS EACH SECTION CAREFULLY – AN INCOMPLETE OR INCORRECT SUBMISSION WILL RESULT IN DELAYS. **All documents submitted to the Registrar’s office must be signed; all e-communications from the Registrar’s office will be sent to the student’s official University of Dubuque email account.**

**STUDENT INFORMATION:** Student ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Veteran:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Last Name First Name Phone Number

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Mailing Address City State Zip Code

**Have you received education benefits at UD before? [ ] Yes [ ] No**

**Are you currently on Active Duty? [ ] Yes [ ] No**

**Have you utilized education benefits at a previous institution? [ ] Yes [ ] No**

(If you answer ‘YES’ to this question, there is an additional from that must be completed – please see Liz Olsen.)

**Please indicate which semester this form is to be applied and the number of credit hours you are or will be enrolled:**

**Fall:**\_\_\_\_\_\_\_\_\_\_ **J-Term:\_\_\_\_\_\_\_\_\_\_ Spring:**\_\_\_\_\_\_\_\_\_\_ **Summer:**\_\_\_\_\_\_\_\_\_\_

**What is your current Grade Level (Freshman, Sophomore, Junior, Senior or Graduate)?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your major program of study?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate your VA Benefit Category Below** (please submit certificate of eligibility)**:**

**[ ]** Post 9/11 GI Bill (Chapter 33) 🡪 Yellow Ribbon eligible? **[ ] Yes [ ] No**

**[ ]** 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 change in your schedule, (b) any changes in your program, or (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 University of Dubuque Registrar’s Office of any changes in status or enrollment. Failure to notify this office of any status changes may result in over/under 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.**

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Name (Print)

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Signature Date