



VA Enrollment Certification Request

This form must be submitted SEPARATELY for each term for which you wish to receive VA Education Benefits

Name: _____ ID#: _____ Program: _____

Term for which you are being certified: _____ Number of Hours: _____

Check All That Apply:

- I am currently utilizing my VA Benefits at Parker and would like to be certified for my next term of enrollment
- My program has changed/ I am changing programs since I last used my benefits at Parker
- This is my first time using my VA Benefits
- I have used my benefits before but this is my first time using them at Parker
- I am repeating courses this semester
- I am registered in courses that are not listed on my degree program plan
- I am graduating this semester
- I am on tuition specific scholarships at Parker or using TA

Military Status (circle all that apply):

Active Duty Reservist National Guard Veteran Spouse/Dependent

Please indicate your VA Education Benefit, as applied for on 22-1990 (Application for VA Benefits):

- Montgomery GI Bill – Active Duty – MGIB (Chapter 30)
- Vocational Rehabilitation (Chapter 31 – VA Form 28-1905 must be current to certify your enrollment)
- Post 9/11 GI Bill (Chapter 33)
 - Check here if you are Post 9/11 TEB Recipient (Dependent)
 - Yellow Ribbon
- Survivors' and Dependents' Assistance – DEA (Chapter 35) – Veteran's File Number: _____
- Montgomery GI Bill – Selected Reserve (Chapter 1606)
- Reserve Education Assistance Program – REAP (Chapter 1607)

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Please Initial:

_____ I understand that only courses required for graduation can be reported to the VA for my benefit payments (except for reported exceptions). If I enroll in courses not listed on my degree plan, I will be responsible to the Department of Veteran Affairs for any overpayment.

_____ I understand that Non-Attendance and Withdrawals (NA, W, WP or WF grades) will affect my benefits

_____ I have requested all Joint Services transcripts to be sent to Parker University, along with all other needed VA paperwork for certification.

_____ This form only covers the term indicated on the previous page. I understand I will need to complete this form each trimester.

_____ I will notify the School Certifying Official, located in the Registrar's Office each semester if I increase hours of classes, add, drop, or withdraw from any courses or the institution.

_____ I understand that I must complete a Change of Program Form (VA FORM 22-1995) with the VA Office any time my degree plan changes.

Please submit the completed form to the Registrar's Office. Once the form and all other required documentation is received, your enrollment will be certified to the VA.

Supplemental Documentation

New Students:

- ✓ Certificate of Eligibility or Summary of Benefits
- ✓ DD-214
- ✓ Military Transcripts
- ✓ Form 1905 (Chapter 31 only)
- ✓ Copy of Class Schedule

Continuing Students:

- ✓ Copy of Class Schedule

Student Signature: _____ Date: _____

School Certifying Official Signature: _____ Date: _____

For Office Use Only:

Tuition and Fees Received by Business Office: _____

Scholarship: _____ Yes _____ No If yes, amount _____

Date Received in Registrar's Office: _____ By: _____

Date Certified: _____