

Veterans Request for Enrollment Certification

Please Return To: Ivy Tech Community College
 Office of Financial Aid
 4301 S. Cowan Rd. Muncie, IN 47302
 Phone: (765) 289-2291 ext. 7131
 Fax: (765) 282-2414

Please indicate the Semester you wish to be certified for:
 _____ Fall _____ Spring _____ Summer

Name: _____
 Street Address: _____
 City, State, Zip Code: _____

Social Security Number: _____
 E-Mail: _____
 Telephone: () _____

Which V.A. Education Benefit Program are you requesting to be certified under this semester?

- Chapter 30** Montgomery (Active Duty) **Chapter 1606** Montgomery (Reserve/National Guard)
- Chapter 35** Spouse/Dependent of Veteran **Chapter 1607** Reserve/National Guard (1 yr. Active Duty)

1. Have you ever been certified under this V.A. Education Benefit Program before? ___ Yes ___ No
 If yes to above, where were you last certified? ___ Ivy Tech East Central ___ Other School
2. What is your current Degree (or Certificate) objective? _____ Major _____
3. Have you changed or will you change Degree Programs in the current semester? ___ Yes ___ No

List Courses for the Current Semester	Repeated Class? (Yes/No)	Does this class last the full length of the semester? *

*Classes that do not meet for the full length of the semester are only included during the period they meet. The V.A. will exclude them during the rest of the semester when deciding how much you will be paid. **NOTE: Enrollment dates may vary for these courses and as a result, payment may be different than expected.**

Changes in course enrollment after certification has been submitted to the V.A. may result in the retroactive loss of benefits unless the V.A. finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class. Courses added during the add/drop period are considered by the V.A. to begin on the day the course was added, not the first day of the session (as a result, the first V.A. check for the session may be less than the full amount expected).

I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THAT THE V.A. WILL AWARD ME. I understand that I will be liable for any overpayment that I might receive from the Veterans Administration. I also understand that I must notify the V.A. Certifying Official of any changes in registration.

I AM ALSO AWARE THAT I MUST FILL OUT THIS FORM EACH SEMESTER AFTER REGISTERING FOR CLASSES. I hereby certify that all statements are true and complete to the best of my knowledge and belief.

_____ **SIGNATURE**

_____ **DATE**