



Office of Financial Aid

2024–2025 Veteran’s Certification

Student’s Name: _____ ID: _____

I expect to receive VA Education Benefits from the following program:

_____ Chapter 30 _____ Chapter 33(Post 9/11) _____ Chapter 31 _____ Chapter 1606
_____ Chapter 1607 _____ Chapter 35 _____ TOE (Transfer of Benefits from Spouse/Parent to Student)

Degree: BS _____ MS _____ Major _____

Minor (must be declared with your advisor) _____

Term of enrollment for which you are requesting benefits:

Fall Term _____ Winter Term _____ Spring Term _____ Summer Term _____

Please list courses for the term(s) selected above:

Table with 6 columns: Term, Course Letters, Course Number, Credits, On-line Yes/No, Office Use. Includes an example row for Spring 2025 with ENG 101 for 3 credits, on-line No.

Will you use the school’s health insurance? Yes _____ No _____

If no, you must opt out through Banner Web.

Anticipated graduation date _____

Are you repeating a course this term: Yes _____ No _____ If yes, which course _____

If at any time during the enrollment periods indicated above, I drop a course, withdraw from a course, stop attending class, change my program, or change my status in any way, I will notify the Financial Aid Office. If the VA official determines a course is inappropriate for the degree program, I understand only those hours determined to be required will be certified. I understand that this form MUST be completed each term after I register. (To ensure as timely of processing as possible, submit right after registration).

Signature _____

Date _____