



Office of Financial Aid

2025–2026 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 2026 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 \_\_\_\_\_