



## Office of Financial Aid

### 2026–2027 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:

Term	Course Letters	Course Number	Credits	On-line Yes/No	Office Use
<b>Example: Spring 2027</b>	<b>ENG</b>	<b>101</b>	<b>3</b>	<b>No</b>	

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 \_\_\_\_\_

Return completed form to the financial aid office or email form to [kingery1@rose-hulman.edu](mailto:kingery1@rose-hulman.edu) or fax form to 812-877-8410.