

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
Example: Spring 2027	ENG	101	3	No	

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 or fax form to 812-877-8410.