

2017/2018 VA Enrollment Certification Request

INSTRUCTIONS: Please complete this form if you wish to use VA Educational Benefits while attending the Charleston School of Law. This form is valid for fall 2017 and spring 2018 terms and gives the School Certifying Official authorization to submit enrollment information on your behalf through VA-ONCE.

SECTION 1: STUDENT INFORMATION

Student ID: _____ Student SSN _____ - _____ - _____

Full name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail _____

SECTION 2: BENEFITS INFORMATION

GI Bill Benefit eligible for (please check to specify):

Chapter 30 – Montgomery GI Bill Active Duty? Yes No

Chapter 31 – Vocational Rehabilitation

Chapter 33 – Post 9/11 GI Bill

Active Duty? Yes No

Post-9/11 Percentage ____%

Chapter 35 – Dependents Educational Assistance (DEA) VA Claim No. _____ (Required)
(Veteran's SSN)

Chapter 1606 – Montgomery GI Bill-Selected Reserve

SECTION 3: STATEMENT of UNDERSTANDING

I affirm that I qualify for VA Educational Benefits and will be enrolled for the 2017/2018 academic year. I understand that changes to my schedule of classes or enrolling in classes that are pass/fail, repeat courses, or start/end at different times during a specified term can affect my benefits. I also understand that any classes deemed ineligible by the VA or not successfully completed can result in a debt to the institution and/or VA.

I authorize the release of my demographic, academic and student account information for determination and use of my VA benefits.

I understand certifications will be submitted within 30 days of each start date (**late September, early February**) and after the academic courses/calendar have been deemed approved by the State Approving Agency.

I understand that I can rescind this authorization by notifying the School Certifying Official of my intent.

Signature: _____ Date: _____

Return this form to the Office of Financial Aid.