

Veterans Enrollment Certificate

Veterans Education Benefits Certifying Office
Founders Hall
700 East Seventh Street
Saint Paul, Minnesota 55106-5000
E-mail: vabenefits@metrostate.edu
Phone: 651-793-1226
Fax: 651-793-1546

MUST BE COMPLETED PRIOR TO EACH TERM OF ENROLLMENT.

BEFORE COMPLETING THIS FORM, VISIT WWW.GIBILL.VA.GOV FOR INFORMATION REGARDING VETERANS EDUCATION BENEFITS.

Who needs to use this form?

Qualifying students who wish to enroll in one of the benefit programs listed in section 2, or existing students using Veterans Education Benefits who want to report enrollment and / or changes to their enrollment. **Complete sections 1, 2, 3, and 4.**

If you plan to take courses elsewhere after Metropolitan State University has certified your benefits and we are listed as your parent school, please complete the Parent School Letter Request Form.

Important Notes

- Your Social Security number is required by the Department of Veterans Affairs.
- Contact the Veterans Education Benefits Certifying Office to learn more about restrictions that may apply to the advance payment benefits indicated in section 2 below.

How to Submit

Submit the completed form to the Veterans Education Benefit Certifying Office by using mail, fax or in-person using the information above.

Section 1: Student Information

Student Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip Code

Metropolitan State student ID: _____ Social Security Number: _____ - _____ - _____

Metropolitan State e-mail address: _____@metrostate.edu Phone (with area code): (_____) _____ - _____

Section 2: Benefits Program

Academic Level: Undergraduate Graduate

Term/Year Certification Required: _____ / _____
Example: Spring / 2010

Benefit Program: Chapter 30 - Montgomery GIB
(You must select one) *Advance pay? Yes No*

Chapter 35 - Survivor/Dependent
VA File Number: # _____

Chapter 31 - Vocational Rehabilitation Program

Chapter 1606 - Selected Reserve
Advance pay? Yes No

Chapter 33 - Post 9/11
Expected percent of eligibility: _____%

Federal Tuition Assistance
 Yes No

Chapter 1607 - Reserve Educational Assistance
Advance pay? Yes No

Are you changing programs or place of training? Yes No

If yes, you must complete a Request for Change of Program or Place of Training form and submit it to the Veterans Education Benefits Certifying Office. Chapters 30, 33, 1606 and 1607 use VA Form 22-1995; Chapter 35 use VA Form 22-5495. These forms are available online at: www.gibill.va.gov/gi_bill_info/education_forms.htm

Section 3: Enrollment Information

How many credits are you registered for? _____

Is this a change in your registration? Yes No

Section 4: Student Responsibility

I understand that it is my responsibility to notify the Veterans Education Benefits Certifying Official of any changes in my enrollment or address. Any enrollment adjustment I make may result in a change to the benefit amount I receive from the Department of Veterans Affairs. I am responsible for any overpayment created by these adjustments and all University bills if funding is withheld. I have read and agree to the appropriate terms and conditions associated with my Education Benefits. I request my enrollment information for the specified term be sent to the Department of Veterans Affairs. I certify that the courses for which I have enrolled meet my degree requirements and I understand that the Department of Veterans Affairs will not pay for courses that do not meet my degree requirements.

Signature: _____

Date: ____ / ____ / ____
MM DD YYYY