

Veteran Enrollment Request to Certify



Purpose of the Form: This form must be completed by students who wish to request the use of their VA education benefits for an upcoming term of enrollment.

Timing Requirement: The form must be submitted prior to each term of enrollment in which you elect to use VA education benefits.

Registration Requirement: You must be registered for classes in the semester for which you are requesting benefits before completing this form.

How to Submit: Submit to Veteran Services by email. veteranedbenefit@metrostate.edu

SECTION 1: STUDENT INFORMATION

This request is for: Summer Fall Spring / 20____
(select only one—a separate application is necessary for each semester):

I am a: Veteran Still Serving Spouse Dependent
(check all that apply)

Last name

First name

Birth date (MM/DD/YYYY)

Star ID

Metro State student ID

Metro State email address

Phone number (with area code)

SECTION 2: BENEFITS PROGRAM

Is this your first-time receiving benefits at Metro State University? Yes No

VA Benefit (select one):

- Chapter 30–Montgomery GI Bill (MGIB-AD)
- Chapter 31–Veteran Readiness and Employment (VR&E)
- Chapter 33–Post-9/11 GI Bill (Veteran)
- Chapter 33–Post-9/11 GI Bill (Dependent–transferred benefits)
- Chapter 35–Survivors’ and dependents’ Educational Assistance (DEA)
- Chapter 1606–Montgomery GI Bill Selected Reserve (MGIB-SR)
- Fry Scholarship (Chapter 33)

Percentage of Benefits (Chapter 33 Only):

- 100% 90% 80% 70%
- 60% 50% 40% Other: _____

Additional Programs:

- Edith Nourse Rogers STEM Scholarship (School must code enrollment as STEM in Enrollment Manager)

Military Education Benefits: Are you receiving military education benefits from another state? Yes No

If yes, from which state are you receiving benefits? _____

Federal Tuition Assistance (FTA): Are you receiving Federal Tuition Assistance? Yes No

Which Branch of Service are you requesting FTA? Army Navy United States Marine Corps Air Force Coast Guard

NOTES: Include any other funding or financial aid you will be receiving _____

SECTION 3: ENROLLMENT INFORMATION

Major/program of study

Minor of study, if applicable

(NOTE: The VA will only allow certification of courses that are required for your declared program of study)

(Note: If you have a declared minor, list it above. If you don't have a minor, leave it blank)

Level of Study Undergraduate Graduate

Will you be taking courses at another college or university? Yes No

Name of other college or university: _____

If yes, please fill out the appropriate [Consortium Agreement Form](#) and send it to your Academic Advisor for certification. Once completed, your academic advisor will send it to the School Certifying Official (SCO). When it is received, the SCO will generate a Parent School Letter and send it to the respective college or university. In order for consortium course(s) to be evaluated and appear on your Degree Audit, you must complete a Transfer Update Request after grades have been posted for the consortium course(s).

Are you graduating at the end of this semester? Yes No

Have you requested your CCAF or JST military transcripts to be sent to our institution? Yes No In progress

Contact us: veteranedbenefit@metrostate.edu | 651.793.1225



SECTION 4: STUDENT RESPONSIBILITY

VA BENEFITS ACKNOWLEDGMENT AND DEFERMENT AGREEMENT

Student Responsibilities

By signing this agreement, I acknowledge and understand that:

_____ I can only receive VA benefits for courses that are required for my program of study.
Initial here

_____ I am responsible for informing the School Certifying Official (SCO) of any changes to my schedule.
Initial here

_____ I am responsible for informing the SCO of any changes to my major, minor, or certificate program.
Initial here

_____ I am responsible for any balance due that the VA does not pay to Metro State University, including any changes made to my schedule that may directly or indirectly cause funds to be returned to the VA.
Initial here

Acknowledgment

I will notify the Metro State University SCO immediately of any change in my stated credits and/or of any classes I am re-taking in which I previously received a passing grade (D- or better).

I understand that dropping or withdrawing from a course may have a financial impact, and I will consult with the SCO and/or financial aid office prior to making any changes.

Payment Deferral Agreement

I hereby understand and accept my obligation to assume full responsibility for payment of all applicable tuition, fees, and books incurred in return for a payment deferral.

The amount of tuition that exceeds my expected federal education assistance is due when I receive my deferral.

Metro State University will defer the remaining balance until I begin to receive my federal education assistance payments.

Terms and Conditions

I agree that:

1. I will complete all necessary forms within 30 days of the start of the semester in order to assure the timely receipt of my benefits.
2. I will then begin making payments to Metro State University within 30 days after I start receiving my benefits.
3. My deferment will expire 30 days prior to the semester's completion and all outstanding amounts will become due.
4. I will be liable for payment in full of all outstanding financial obligations to Metro State University even if I drop/withdraw or fail to pay by the due date and may be denied further enrollment.
5. My past-due debt will be referred to a collection agency, and I will be assessed collection fees as allowed under MN Statute 16D.11.
6. If I wish to use a deferment during another semester, I will reapply for the deferment and complete the certification process by the tuition payment deadline.

Student Certification

By signing below, I affirm that the information included in this form is true and correct. I agree to the terms and conditions above and acknowledge such with my electronic signature.

Signature: _____ Date (MM/DD/YYYY): _____

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A member of Minnesota State

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