



VETERANS ENROLLMENT CERTIFICATION REQUEST

Completing this form is a mandatory requirement for every semester in which I intend to utilize my VA Education Benefits. I understand that it is my individual responsibility to promptly submit this form to the college School Certifying Official (SCO) immediately upon finalizing my semester enrollment.

Legal Name:	ID #:
POE Title:	

I will be using my VA benefits for the following courses:

Term for Certification: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring				Year:
Course #:	Course Title:	Credits:	Course Type <i>(on campus/online)</i>	
			<input type="checkbox"/> On campus	<input type="checkbox"/> Online
			<input type="checkbox"/> On campus	<input type="checkbox"/> Online
			<input type="checkbox"/> On campus	<input type="checkbox"/> Online
			<input type="checkbox"/> On campus	<input type="checkbox"/> Online
			<input type="checkbox"/> On campus	<input type="checkbox"/> Online
			<input type="checkbox"/> On campus	<input type="checkbox"/> Online

Credit Total:	
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VA Educational Benefits: <i>(select one or more of the following)</i>
<input type="checkbox"/> Chapter 30: Montgomery GI Bill®
<input type="checkbox"/> Chapter 31: Veteran's Readiness & Employment
<input type="checkbox"/> Chapter 33: Post 9/11 GI Bill®
<input type="checkbox"/> Chapter 35: Survivors/Dependents (Provide VA File #: _____)
<input type="checkbox"/> Chapter 1606: Selected Reserve

STATEMENT OF RESPONSIBILITY

By my signature below, I hereby affirm the following statement and agree to the following condition:

SCHEDULE CHANGES: *It is my responsibility as a benefit recipient to notify the college SCO of any modifications made to my course schedule during the Drop/Add period. Benefits may be impacted if a change is not reported to the Registrar's Office.*

REPEATING COURSES: *Classes that are successfully completed may not be certified again for VA purposes. However, if a student fails a class, or if a program requires a higher grade than the one achieved in a particular class for successful completion, that class may be repeated and certified to VA again.*

DEGREE REQUIREMENTS: *I certify that the courses listed are those I am presently enrolled in and that they are required for completion of my academic program.*

STANDARD FULL TIME STATUS FOR VA EDUCATION BENEFITS:

**Spring/Fall (15 weeks) = 12+ Credits*

NOTE: Pursuing studies at part time status or less will impact eligibility to receive monthly VA payments.

PROGRAM OF EMPHASIS (POE) CHANGE: *I am aware that informing the SCO is my responsibility should I decide to change my POE.*

GRADING: *It is my responsibility to notify the college SCO if I withdraw from a course, fail a course, or take an incomplete. Benefits may be impacted if a change is not reported to the Registrar's Office.*

CHAPTER 33: POST 9/11 ONLY: *The monthly housing allowance may be impacted for students enrolled in online courses.*

JUNIATA EMAIL: *I acknowledge that it is my responsibility to regularly monitor my Juniata student email, as the SCO may use this channel for essential communications regarding my VA certification.*

PROCESSING TIME: *I understand it may take the VA up to 8 weeks to process my claim, not turning in proper documentation, failing to report changes to enrollment, or providing incomplete or false information could lead to discontinuation of my benefits and may result in an overpayment.*

Student's Signature: _____ Date: _____

Obtain required signature below:

	Print Name	Signature	Date
School Certifying Official (SCO)			

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at <https://www.benefits.va.gov/gibill>.