

# REQUEST FOR ENROLLMENT CERTIFICATION OF VA BENEFITS AT IU NORTHWEST

**\*\*IMPORTANT: YOU WILL NOT BE CERTIFIED FOR VA BENEFITS UNTIL YOU COMPLETE AND RETURN THIS FORM\***

This form will be used by school officials to certify your anticipated attendance at IU Northwest. The VA will be notified that you plan to attend school during the periods you specify. Initially, payments will be based on the credit hours you indicate. The Office of the Registrar will monitor your actual enrollment. If actual enrollment differs from the hours indicated below, adjustments in your VA educational assistance will be made about two weeks after registration, effective the date of the adjustment.

(\*\*Chapter Check One\*\*)

Chap #30 \_\_\_\_\_, #31 \_\_\_\_\_, #33 \_\_\_\_\_, #35 \_\_\_\_\_, #1606 \_\_\_\_\_, #1607 \_\_\_\_\_

**Please be sure to read the section on Veterans Affairs in the Schedule of Classes.**

NAME \_\_\_\_\_ VA FILE No. \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Number and Street Univ. ID No. \_\_\_\_\_

\_\_\_\_\_ TEL # (home) \_\_\_\_\_  
City State Zip (work) \_\_\_\_\_

Please mark the appropriate response and specify number of hours:

I will enroll **FALL 2016** YES \_\_\_ NO \_\_\_ NUMBER OF HOURS \_\_\_\_\_

I will enroll **SPRING 2017** YES \_\_\_ NO \_\_\_ NUMBER OF HOURS \_\_\_\_\_

I am earning credits toward (check one): Assoc. \_\_\_ Bac. \_\_\_ Grad. \_\_\_ Other \_\_\_\_\_

Major area of study \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_

Have you received VA Benefits while attending IUN in the past? YES \_\_\_ NO \_\_\_  
If yes, what year? \_\_\_\_\_ If not, have you received them at another school? YES \_\_\_ NO \_\_\_

If you have received VA Benefits at another school or an apprenticeship program:  
What school? \_\_\_\_\_ Last date of attendance \_\_\_\_\_ Month/Year

I request advance pay if I am eligible: YES \_\_\_ NO \_\_\_ **(FORM 22-1999 Required)**

You are encouraged to register and utilize **eBenefits** [<http://www.ebenefits.va.gov/>] to assist in the following:

- Obtaining up to date information on your educational entitlement
- Updating your Direct Deposit and personal contact information
- Downloading VA letters and personal documents
- Viewing the current status of your payments (both education and disability)

I understand I am responsible for repaying any overpayment of educational benefits. Also, I understand I am responsible for keeping the school informed of my current status, especially any changes in the above schedule, through the established procedures for registration drops, adds, withdrawals, and any change in program. I affirm I have verified through eBenefits the current status of my educational entitlement.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

This form must be returned to: Office of the Registrar  
Indiana University Northwest  
Veterans' Records (Ms. L. Moseley)  
3400 Broadway  
Gary, IN 46408-1197