

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. _____
City State Zip TEL # (home) _____
(work) _____

Please mark the appropriate response and specify number of hours:

I will enroll Summer I 2017 YES ___ NO ___ NUMBER OF HOURS _____

I will enroll Summer II 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