

Veteran Request for GI Bill Enrollment Certification

Please return to: Purdue Polytechnic Columbus
4444 Kelly St., Columbus, IN 47203-1749
Phone: (812) 348-2041 or (812) 348-2025 Email: amckinne@purdue.edu

Term to be certified:
Fall _____ Spring _____ Summer _____
Year: _____

NAME: _____ SSN/VA File# _____

Mailing Address: _____

Phone: _____ eMail: _____ PUID: _____

Which VA Education Benefit Program are you requesting to be certified under this semester?

- _____ (Chapter 1606) Montgomery (Reserve/National Guard) GI Bill
_____ (Ch1607/REAP) Montgomery (Reserve/National Guard Active Duty) GI Bill
_____ (Chapter 30) Montgomery (Active Duty) GI Bill _____ (Chapter 31) Vocational Rehabilitation
_____ (Chapter 33) Post 9/11 GI Bill
_____ (Chapter 35) Spouse/Dependent of Veteran (DEA) GI Bill, VA Claim Number: _____
_____ T/A TOP UP Which GI Bill have you been approved to receive benefits under? _____

1. Have you been certified under this VA Education Benefit before? ___ Yes ___ No If yes, what school? _____
2. Have you provided the VA document that states your VA Education Benefit percentage? ___ Yes ___ No
3. What is your current Degree objective? _____ Major _____
4. Have you changed majors since your last VA certification? ___ Yes ___ No *If yes, please see our school VA Certifying Official to complete a CODO signature form.
5. Effective Jan 2015, The DOD has prohibited the use of Military Tuition Assistance (FTA) in combination with Ch. 1606 & 1607 GI Bill. Do you intend to use FTA for this term? _____ Yes _____ No *If you continue with the GI Bill claim, you will need to cancel your request for FTA, if FTA remains, your GI Bill claim will be terminated.
6. How many credit hours are you enrolled in for the semester requested? _____
***ONLY COURSES THAT APPLY TOWARD YOUR CURRENT DEGREE OBJECTIVE CAN BE CERTIFIED UNDER GI BILL.**
7. Are you repeating any classes? _____ Yes, which ones? _____ No _____
8. Are you participating in any Distance or Independent Study course offerings this term? _____ Yes _____ No
9. Please list any classes you have enrolled in that do not last the full length of the semester? _____
_____. Classes that do not meet for the length of the semester are only included during the period they meet. The VA will exclude them during the rest of the semester when deciding how much you will be paid. **NOTE: Enrollment dates may vary for these courses and as a result, payment may be different than expected.**

I UNDERSTAND THAT I MUST NOTIFY THE VA CERTIFYING OFFICIAL OF ANY CHANGES IN MY REGISTRATION.

Change in course enrollment after certification has been submitted to the VA may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

- **I AM AWARE THAT I MUST FILL OUT THIS FORM EACH SEMESTER AFTER REGISTERING FOR CLASSES. I FURTHER UNDERSTAND THAT EVEN THOUGH I MAY BE ELIGIBLE FOR GI BILL BENEFITS, I AM RESPONSIBLE FOR ENSURING THAT MY TUITION/FEEES ARE PAID TO THE UNIVERSITY AND ANY MONIES LEFT UNPAID BY THE VA BECOME MY RESPONSIBILITY.**
- **I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME.**
- **THE INSTRUCTOR WILL BE CONTACTED FOR A LAST DATE OF ATTENDANCE FOR ALL FAILING GRADES.**
- **I UNDERSTAND THAT I WILL BE LIABLE FOR ANY OVERPAYMENT I MIGHT RECEIVE FROM THE VA.**
- **I GIVE MY PERMISSION to Purdue to request my military transcript through JOINT SERVICE TRANSCRIPT PORTAL and review for credit, as applicable. *AIR FORCE servicemembers need to obtain your transcript through COMMUNITY COLLEGE OF THE AIR FORCE (CCAF) & SUBMIT TO CREDIT EVALUATION WITHIN THE OFFICE OF ADMISSIONS. FAILURE TO DO THIS COULD AFFECT YOUR ABILITY TO RECEIVE GI BILL FUNDING.**

I HEREBY CERTIFY THAT ALL STATEMENTS ARE TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE & BELIEF.

SIGNATURE

DATE

01/17/2019