



Lewis University VA Education Benefit Enrollment Certification

ALL VETERANS MUST FILL OUT THIS FORM EVERY SEMESTER.

Contact Information:

Last Name _____ First Name _____ Middle _____

Mailing Address _____

City _____ State _____ Zip _____

Phone(Day) _____ (Evening) _____

E-mail _____ Social Security Number _____

Student Level (Undergraduate, Graduate, etc) _____

Major (BS/BA Psychology, MBA, etc) _____

Have you received benefits before?

Yes _____ No _____

When and where did you last receive VA educational benefits?

Did you change your major this semester?

Yes _____ No _____

Indicate the semester(s) for which you are applying?

Fall _____ Spring _____ Summer _____

How many credit hours are you registered for?

_____ credit hours

Please check your V.A. Benefit Category:

- _____ Montgomery G.I. Bill-Active Duty (Chapter 30)
- _____ Montgomery G.I. Bill-Reserve Duty (Chapter 1606)
- _____ Reserve Educational Assistance Program (Chapter 1607)
- _____ Survivors and Dependents Educational Assistance Program (Chapter 35) VA File # _____
- _____ Vocational Rehabilitation (Chapter 31)

You Must Notify Our Office of:

- **Changes in your schedule**
- **Changes in your program or major**
- **Withdrawal, dismissal, activation**

Agreement and Signature:

By signing below, you are accepting responsibility for any overpayment resulting from inaccurate or false information. You have the legal responsibility of notifying the Lewis University Financial Aid Office of any changes in status or enrollment. Failure to notify this office of any status changes may result in over/under payment and/or delay in receiving your Department of Veteran Affairs Educational Benefits. Note: VA will correct overpayments by subtracting the amount in question from subsequent checks.

Name (Printed) _____

Signature _____ Date _____