

Veteran Enrollment Certification Request Form

STUDENT NAME (PRINT): _____ STUDENT ID: 900 _____

STUDENT E-MAIL: _____

PLEASE INDICATE WHICH TYPE OF STUDENT YOU PLAN TO BE (check all that apply):

Full-time _____ Part-time _____ On Campus _____ Off Campus _____ Meal Plan _____ Final Semester _____

PLEASE INDICATE FOR WHICH CHAPTER OF VA BENEFITS YOU ARE RECEIVING: _____

If you are a new student, have you previously received VA benefits at another institution: Yes or No
*You must report the change to the VA by completing Form 22-1995 (veterans) or 22-5495 (dependent/spouse) via VONAPP.

Term you're requesting benefits for: Term: _____ Year: _____

WILL YOU BE CERTIFIED FOR THE REMAINDER OF THE ACADEMIC YEAR AS A FULL-TIME STUDENT? _____

NOTE: STUDENTS CANNOT BE CERTIFIED UNTIL AFTER THEY ARE REGISTERED FOR CLASSES.

PLEASE READ AND INITIAL EACH ITEM:

I UNDERSTAND THAT VA EDUCATIONAL BENEFITS WILL NOT PAY FOR A STUDENT TO REPEAT A COURSE, UNLESS THE COURSE WAS NOT SUCCESSFULLY PASSED.

I UNDERSTAND THAT IF I WITHDRAW FROM A COURSE(S), I AM RESPONSIBLE FOR CONTACTING THE SCHOOL CERTIFYING OFFICIAL IMMEDIATELY. A CHANGE IN STATUS COULD RESULT IN A REDUCTION IN PAYMENT OR A STUDENT DEBT WITH THE VA.

I UNDERSTAND THAT IF I CHANGE MY PROGRAM OF STUDY, I MUST NOTIFY THE SCHOOL CERTIFYING OFFICIAL.

I UNDERSTAND THAT IF I ACCEPT PAYMENT FROM VA FOR THE TERM/HOURS IN WHICH I AM NOT ENROLLED FOR, I MAY BE RESPONSIBLE FOR AN OVERPAYMENT DUE TO THE VA.

I UNDERSTAND THAT ADVANCE PAYMENTS FROM THE UNIVERSITY ARE CONTINGENT UPON RECEIPT OF FUNDS FROM THE THIRD PARTY PAYEE.

I UNDERSTAND THAT MY SCHOOL CERTIFYING OFFICIAL MAY CONTACT ME VIA MY CLARK ATLANTA UNIVERSITY E-MAIL ACCOUNT. THEREFORE, I AM RESPONSIBLE FOR CHECKING THIS E-MAIL REGULARLY.

I UNDERSTAND THAT VA EDUCATIONAL BENEFITS PAYS FOR TUITION AND FEES ONLY (DEPENDING ON THE CHAPTER) AND I AM RESPONSIBLE FOR PAYING ANY FEES NOT PAID BY THE VA. FEES ASSOCIATED WITH TUITION AND FEE PAYMENT INCLUDES HEALTH INSURANCE.

I UNDERSTAND THAT FEES ASSOCIATED WITH TUITION AND FEE PAYMENT INCLUDES HEALTH INSURANCE THEREFORE IF I ELECT TO OPT OUT OF HAVING HEALTH INSURANCE, IT WILL BE MY RESPONSIBILITY TO DISCLOSE THIS INFORMATION TO THE CERTIFYING OFFICIAL DURING THE CERTIFICATION PROCESS. IF NOT, I WILL BE RESPONSIBLE FOR ANY BALANCES ASSOCIATED WITH THIS FEE.

I UNDERSTAND THAT IN THE EVENT THAT I AM NOT MEETING ACADEMIC PROGRESS, MY VA EDUCATIONAL BENEFITS MAY BE TERMINATED WHICH MAY RESULT IN A DEBT BEING OWED TO THE VA OR UNIVERSITY.

I understand that I must complete this form for EVERY SEMESTER I wish to receive VA Educational Benefits. Failure to complete and return this form as soon as I have finalized my enrollment for the indicated term may cause a delay in my VA benefits for that term. Tuition and Fee payment is not requested until after add/drop period ends. The estimated timeframe to receive tuition and fee payment can take up to 3-6 weeks after the request is initiated.

I hereby certify that all statements I have made on this form are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____