

VA EDUCATIONAL BENEFITS

Enrollment Certification Request

It is the total responsibility of the student to provide correct information pertaining to their current enrollment, courses being dropped or added, changes in degree program, repeated courses, remedial courses and mailing address changes. Failure to provide this information may result in a delay or loss of VA benefits, misdirected checks, and possible re-payment to the VA.

(* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

*NAME: _____
LAST
FIRST
MIDDLE

*ID #: B _____ *VA CHAPTER: _____

*VA FILE #: _____ *DATE OF BIRTH: _____

*DEGREE: _____ *POST GRAD FOR TEACH CERT: YES; NO

*MAJOR: _____ *TELEPHONE #: (____) _____

*CHANGE OF PROGRAM: YES; NO

*EXPECTED GRADUATION DATE: _____

*FIRST TIME TO RECEIVE VA BENEFITS THROUGH UCA: YES; NO

*MAILING ADDRESS (Is this a new address yes; no):

 Street

 City State Zip

Notice: This address is the one that will be used for all VA correspondence, including benefits if applicable. Use this form ONLY to change this address to another

Indicate semester(s) you request to be certified for VA Benefits and number of hours in which you are enrolled or expect to enroll. You may estimate up to one academic year. UCA can not certify enrollment to the VA until you advance register or register for the term you request to receive benefits.

	Year	Hours		Year	Hours
Fall:	_____	_____	May Intersession:	_____	_____
Winter Intersession:	_____	_____	10 Weeks:	_____	_____
Spring:	_____	_____	Summer I:	_____	_____
			Summer II:	_____	_____

Return completed form to:

**Office of the Registrar
McCastlain Hall, Room 112
University of Central Arkansas
Conway, AR 72035**

FAX #: 450-5734

For VA Educational Benefits Information Contact:

Department of Veterans Affairs
Regional Processing Office
P.O. Box 8888
Muskogee, OK 74401-8888

Toll Free: 1-888-442-4551 E-Mail: muskcrpo@vba.va.gov
Web page: <http://www.gibill.va.gov>

**List ALL Remedial courses to be taken
During this certification period:
(UNIV 1300, 1301, 1330 or 1340)**

Course(s)	Term/Year
_____	_____
_____	_____
_____	_____
_____	_____

**List ALL courses to be repeated
During this certification period:**

Course(s)	Term/Year
_____	_____
_____	_____
_____	_____
_____	_____

I understand that UCA will certify me for ONLY the term(s) I request to receive educational benefits on this form, and that I must request certification for any future term(s) I wish to receive benefits.

I have read and understand the importance of the information listed on this form, and agree to provide the information needed to certify my enrollment for VA benefits. I accept the responsibility that my failure to properly provide this information may result in a delay or loss of VA benefits, misdirected checks, and possible re-payment to the VA.

***PRINT NAME:** _____

***SIGNATURE:** _____ **DATE** _____

