BSU VA ENROLLMENT CERTIFICATION REQUEST FORM

A new request must be submitted **EACH SEMESTER** that you wish to utilize your VA Education Benefits.
All fields with an asterisk (*) are mandatory and must be completed to process your request.

STUDENT INFORMATION*:

Last Name* **First Name*** **Student ID***

Email Address* **Military Status*:** ☐ Veteran ☐ Active Duty ☐ Reservist ☐ National Guard ☐ Spouse/Dependent

ENROLLMENT INFORMATION*:

Semester* **Year***

☐ Fall ☐ Winter ☐ Spring ☐ Sum I ☐ Sum II ☐ Sum III

Student's Major/Program* **Current Degree Objective* (choose one)**

☐ Undergraduate ☐ Graduate/Masters/Doctorate

VA EDUCATION BENEFITS*: Please indicate which VA Education Benefits Chapter you are requesting certification for and complete the accompanying fields. ***Missing mandatory fields may result in delay of processing.***

☐ Chapter 33 - Post 9/11 GI Bill

If applicable, check any that apply

☐ I am a dependent using transferred Post 9/11 benefits

☐ Include the University Sponsored Health Insurance Plan in the amount reported to the VA for your Post 9/11 GI Bill toward benefit

Please indicate if you are using any additional aid:

☐ Richard Collins III/ROTC Scholarship
☐ Federal Tuition Assistance
☐ State Tuition Assistance
☐ State Tuition Waiver – MD National Guard
☐ HPSP
☐ Employer Tuition Remission
☐ Scholarship for Tuition and Fees

☐ Chapter 31 – VR&E

VR&E Authorization/PO#:*

VR&E Counselor Name/Contact Email:

☐ Chapter 35 – Survivors' and Dependents' Assistance

Veteran's File Number/SSN*

Qualifying Veteran's Full Name*

☐ Chapter 1606 – Montogomery GI Bill Reserves
☐ Chapter 1607 – Reserve Education Assistance Program (REAP)
☐ Chapter 30 – Montgomery GI Bill Active Duty

CLASSES/COURSE SCHEDULE*: Please list the classes you are enrolled in for the term in space below. (ex: COMM 101, HEED 201, etc) You may also attach a copy of your class schedule.

ACKNOWLEDGEMENT*: *I certify that all courses are applicable to my degree program and meet VA Requirements. I understand that complete of this form assures me of enrollment certification with the Department of Veterans' Affairs but does not guarantee payment from the VA. Payment depends on my enrollment into an approved program, lack of debt owed to the VA for any overpayments, and my compliance with VA regulations. I further understand that any information on this form or in my university record is proprietary and may be shared with the VA at its request.*

Signature: Date:

You may submit this form digitally via email to militarybenefits@bowiestate.edu, or in-person to our office. Address: 14000 Jericho Park Road, Henry Admin Building, Suite 1200, Bowie Maryland 20715 | Phone: 301-860-5109.