 **REQUEST FOR CERTIFICATION OF ENROLLMENT**

**Fill this form out completely and submit via fax, email or in person to the Office of Financial Aid/Veteran Affairs.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coastal Alabama ID: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@coastalalabama.edu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Academic Program Phone

Circle Campus: Atmore Bay Minette Brewton Brookley Fairhope Gilbertown Gulf Shores Monroeville Thomasville

Please indicate semester and year you wish certified. \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year 20\_\_\_\_\_\_

MILITARY INFORMATION – BENEFIT CHAPTER:

\_\_\_\_ Ch. 30-Montgomery GI Bill Active Duty \_\_\_\_ Ch. 1606-Montgomery Reserve \_\_\_ Tuition Assistance

\_\_\_\_ Ch. 33-Post 911 \_\_\_\_ Ch. 1607 Reserve Education Assistance Program

\_\_\_\_ CH 31-Disabled Veteran/Vocational Rehabilitation; Case Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Ch. 35-Fed Dependent Education Assist; Veteran’s SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Alabama Dependent Scholarship

|  |
| --- |
| ARE YOU RECEIVING ANY ADDITIONAL AID – scholarships, waivers, PACT, or employer based? If so, list below: |

List Registered Courses for Certification: Course Name, Number and Credit Hours (e.g MTH 101 3 CR HRS)

**List only courses that apply towards your degree or certificate program – List on back if you need more space.**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Prefix and Number (MTH 099) | Course Title – (ex. Math) | Credit Hrs. | On Campus/Online |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Initial Each Line to Indicate That You Have Read and Understand Your Responsibilities**

\_\_\_\_\_ I must complete a new Request for Enrollment Certification form each semester that I wish to use my VA Benefits.

\_\_\_\_\_ I understand that my veteran education benefits will only pay for coursework required as part of my program of study (free

 electives are included in required coursework) and will be responsible for any expense the veteran education benefits do not

 cover. VA will NOT pay for online remedial courses.

\_\_\_\_\_ I will report ALL adds/drops/withdrawals/class cancellations, changes of major/program, or if I stop attending any of my

 classes to the VA School Certifying Official immediately.

\_\_\_\_\_ I understand that I must review my degree plan every semester before I register to make sure I am only taking classes that are

 required to complete my degree.

\_\_\_\_\_ I understand that the initial processing of my VA Benefits Application and Certification of Enrollment generally take

 approximately 4 – 6 weeks to complete.

\_\_\_\_\_ I understand that certification will be done as soon as possible following receipt of all required paperwork. I further understand

 that the initial certification will be received and amended if needed after the semester adjustment period.

\_\_\_\_\_ I understand that the School Certifying Official will release grades and/or transcripts to the VA as needed.

\_\_\_\_\_ I understand that benefits cannot be received for a class if a passing grade was previously received regardless of where the class

 was taken.

\_\_\_\_\_ I understand that VA eligibility is based on specific term dates, enrolling in Term 1, Term 2, and Term 3 courses can effect full-

 time, ¾ time, and ½ time status.

\_\_\_\_\_ I understand that All prior college transcripts and military transcripts MUT be submitted before the end of my first semester

 and I am not eligible for federal financial aid (Pell grant/Loans) until all transcripts are on file.

**Terms and Conditions:**

By signing this form, I am requesting certification for VA Educational Benefits for the courses listed above in the semester indicated. I understand that changes to my schedule could put me in the debt situation with VA or Coastal Alabama. Regardless of anticipated benefit payments, I accept responsibility for my balance as agreed I to the terms and conditions at the time of registration. I certify all information provided is correct and true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature (no electronic signature, must be original) Date