



VA Benefits Enrollment Certification Card

This form must be completed IN ITS ENTIRETY before your enrollment can be processed.

Student ID #: _____

NAME (Last, First Middle): _____

STREET ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE NUMBER: (____) _____ New address since last semester? ___ YES ___ NO

PREFERRED EMAIL ADDRESS: _____

Major/Program: _____ Is this a change of major/program? ___ YES ___ NO

NOTE: If you change your major, you must complete a either VA Form 22-1995 or VA Form 22-5495 as appropriate in eBenefits. Failure to complete this form could result in a loss of benefits or a delay in payment of benefits.

Will you graduate this term? ___ YES ___ NO

BENEFIT CHAPTER/NAME: 33-Post 9/11 30-MGIB-AD 31-VOCREHAB 1606-MGIB-SR 1607-REAP 35-DEA

Are you on Active Duty? ___ YES ___ NO If yes, are you also receiving Military Tuition Assistance? ___ YES ___ NO

Do you receive any scholarships (including the Ohio Guard Scholarship) or other Tuition Assistance? ___ YES ___ NO

If yes, name of scholarship or other assistance: _____

NOTE: Failure to disclosure scholarships and/or tuition assistance can result in an overpayment or loss of benefits.

SEMESTER/TERM ENROLLING (submit a separate form for each semester): Fall Spring Summer

I acknowledge that only courses required for my declared Clark State major/program may be certified for benefits with the VA. My earned benefits will be based on the credit hours taken, actual dates of enrollment, and my attendance in the course(s) as determined by the VA. I further acknowledge that if I fail to immediately notify the School Certifying Official when my schedule changes, I withdraw from a class, and/or I stop attending a class I may incur a debt with the VA for unearned benefits and/or with Clark State for unpaid tuition and fees.

DATE: _____ SIGNATURE: _____

Return this form to the Veterans Services Specialist/School Certifying Official in TLC114B, email to kappd@clarkstate.edu or fax to 937-328-6097. Call 937-328-6462 if you have any questions.

SCO USE ONLY:	Term/Dates	Residence	Distance	Remedial	Tuition/Fees
Received and schedule reviewed:					
Program Evaluation reviewed:					
Processed in VAOnce:					
FLAG (Chap. 33 only):					