

# University of Indianapolis Request for Veteran Benefits Enrollment Certification

**Please return to:**

**Please indicate semester and year you wish to be certified:**

University of Indianapolis  
Registrar's Office-Kathy Elliott  
1400 E. Hanna Ave.  
Indianapolis, IN 46227  
Phone: 317-788-3219 Fax: 317-788-3254 Email: [elliottkj@uindy.edu](mailto:elliottkj@uindy.edu)

Fall\_\_\_\_\_ Spring\_\_\_\_\_ Spring Term\_\_\_\_\_ Summer\_\_\_\_\_

Name\_\_\_\_\_ Student ID#\_\_\_\_\_

Street Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

**Which VA Education Benefit Program would you like to be certified under this semester?**

\_\_\_\_\_ Chapter 30 Montgomery (Active Duty) GI Bill®

\_\_\_\_\_ Chapter 31 Vocational Rehabilitation Voc Rehab Counselor\_\_\_\_\_

\_\_\_\_\_ Chapter 35 Child /Spouse to a Disabled Veteran (100%) CH35 File #\_\_\_\_\_

\_\_\_\_\_ Chapter 1606 Montgomery (Reserve/National Guard)

\_\_\_\_\_ Chapter 33 Post 9/11 GI Bill® Eligibility Percentage\_\_\_\_\_

1. Where did you last use VA educational benefits? \_\_\_\_\_ Other School\_\_\_\_\_ First Time\_\_\_\_\_ *If you are a transfer student, have you completed a Change of Training Form (22-1995) and submitted to the VA? \_\_\_\_Yes \_\_\_\_No*
2. What Degree are you working to complete? \_\_\_\_\_
3. How many credit hours are you enrolled in for the semester requested? \_\_\_\_\_
4. Do you expect to graduate this term? \_\_\_\_Yes \_\_\_\_ No\_\_\_\_\_

**Please note:** Change in course enrollment after certification will be submitted to the VA and may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME. I understand that I will be liable for any overpayment I might receive from the Veterans Administration. I also understand I must notify the VA Certifying Official of any changes in registration.

I AM ALSO AWARE THAT I MUST FILL OUT THIS FORM EACH SEMESTER AFTER REGISTERING FOR CLASSES. I hereby certify that all statements are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs. More information about education offered by VA is available at the official U.S. government web site at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).