

University of Providence
VA – ENROLLMENT DATA FORM (EDF)

This form must be completed **EACH semester** you plan to use VA Benefits and **EACH time** you add a new course to your schedule during the same term.

NAME: _____ STUDENT ID and SSN: _____

PHONE #: _____ E-MAIL: _____

MAJOR(S)/MINOR(S)* _____ Graduate _____ Undergraduate _____

**All courses being certified must apply toward your degree program(s) on record.*

Please answer the following questions about your military educational benefits (check all that apply):

1. Which benefit?

Chapter 30 – Montgomery G.I. Bill	Chapter 35 - DEA
Chapter 1606 – Selected Reserves	• Claim number: _____
Chapter 31 – Vocational Rehabilitation	Active Duty
Chapter 33 – Post 9/11 G.I. Bill	
Chapter 33 – Post 9/11 G.I. Bill Transfer of Benefits	
2. Have you previously received GI Bill benefits? YES NO If yes, list the last term you received benefits: _____
3. Were you attending University of Providence the last time you received benefits? YES NO

TERM BEING CERTIFIED: _____ Is this a revised EDF for this term? YES NO

Subject	Course Number	Course Title	Credit Hrs	Required Course <small>(does apply towards graduation requirements - indicated on Planner)</small>	Non-required <small>(Does NOT apply towards graduation requirements)</small>
Ex: ENG	117	Writing Essays	3.0	yes	

NOTE TO STUDENT: I HAVE READ AND FULLY UNDERSTAND WHAT IS REQUIRED OF ME AND WILL COMPLY WITH THE POLICIES AND PROCEDURES AS INDICATED. I UNDERSTAND THAT THE A GRADE OF "W", "WP", or "WF" MAY RESULT IN AN OVERPAYMENT OF BENEFITS, AND I WILL NOTIFY THE FINANCIAL AID OFFICE IMMEDIATELY. I ACCEPT PERSONAL RESPONSIBILITY FOR ANY OVERPAYMENTS MADE AND I AGREE TO REFUND SUCH OVERPAYMENTS PROMPTLY TO THE VETERANS ADMINISTRATION REGIONAL OFFICE. I FURTHER AGREE TO NOTIFY THE FINANCIAL AID OFFICE OF ANY CHANGES MADE TO MY SCHEDULE WITHIN 30 DAYS OF THE OCCURRENCE. IN ADDITION TO THE ABOVE, I AUTHORIZE THE INFORMATION FURNISHED ON THIS FORM TO BE RELEASED TO THE VETERANS ADMINISTRATION REGIONAL OFFICE FOR VETERANS BENEFITS. **FOR CHAPTER 31 ONLY, I AUTHORIZE THE RELEASE OF GRADES, TRANSCRIPTS, AND ATTENDANCE TO MY VA CASE MANAGER, IF REQUESTED.**

STUDENT SIGNATURE: _____ DATE: _____



- You must attach an updated degree planner (or Degree Works audit) and current schedule each semester
- Do not submit this form until you are enrolled in class and registration is complete
- The VA takes up to 60 days to process claims and begin payments to the student. Failing to register in a timely manner and submit this completed form will delay the processing of benefit claims

Please submit to: UP Financial Aid Office OR finaid@uprovidence.edu