

# University of Providence

## VA – ENROLLMENT FORM

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: \_\_\_\_\_ SSN: \_\_\_\_\_ UP ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 question about your military educational benefits (check all that apply):**

1. Which benefit?

Chapter 30 – Montgomery G.I. Bill

Chapter 35 - DEA

Claim Number: \_\_\_\_\_

Chapter 33 – Post 9/11 G.I. Bill

Chapter 33 – Post 9/11 G.I. Bill Transfer of Benefits

Chapter 1606 - National Guard/Reserve

Chapter 31 (Vocational Rehabilitation)

Active Duty

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 form for this term? YES

- You must attach the most recent Certificate of Eligibility (COE) received from the VA.
- 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

### 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 UPON WITHDRAWAL FROM ALL OR PART OF MY ENROLLMENT. 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:** \_\_\_\_\_

Please submit to: UP Financial Aid Office OR [finaid@uprovidence.edu](mailto:finaid@uprovidence.edu)