

**College at Rindge  
Veteran/Dependent Enrollment  
Certification Request**

Veteran's educational benefits will not be requested on your behalf unless this form is submitted to the Registrar's Office by the end of the fall semester add/drop period (or by spring semester add/drop for spring semester starts). Failure to submit this form may result in a delay or a denial of benefits. This form must be completed for each Academic Year (i.e.: fall 2017 through summer 2018) in which you plan to use benefits.

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Phone \_\_\_\_\_ Declared Major #1 \_\_\_\_\_ Declared Major #2 \_\_\_\_\_  
 Did you receive Veteran's Educational Benefits at a previous institution? *Please check one.*  YES  NO

**Benefit Information**

Under which benefit will you be certified? *Check one. GI Bill® is a registered trademark of the U.S. Department of Veteran's Affairs (VA).*

- |  |   |
|--|---|
| <input type="checkbox"/> Chapter 30 Montgomery GI Bill®  | <input type="checkbox"/> Chapter 35 Dependents and Survivors Educational Assistance Program – VA File # _____ |
| <input type="checkbox"/> Chapter 31 VA Vocational Rehabilitation   | <input type="checkbox"/> Chapter 1606 Montgomery GI Bill® - Selected Reserves (Reserves or National Guard)    |
| <input type="checkbox"/> Chapter 32 VEAP (Veterans Educational Assistance Program)                               | <input type="checkbox"/> Chapter 1607 REAP (Activated Reserves/National Guard having served under Title 10)   |
| <input type="checkbox"/> Chapter 33 Post 9/11 GI Bill®   |   |
| <input type="checkbox"/> Chapter 33 Post 9/11 GI Bill® TEB (Transfer of Benefits to Dependent) – VA File # _____ |   |

**Enrollment Information for Academic Year 20\_\_\_\_/20\_\_\_\_**

Please indicate the semesters/terms for which you wish to receive benefits **and** the total credits you will take.

**Undergraduate**

Semester	Credits
Fall Semester	
Spring Semester	
CGPS Term 1	
CGPS Term 2	
CGPS Term 3	
CGPS Term 4	
Summer 1	
Summer 2	

**Graduate**

Semester	Credits
Term 1	
Term 2	
Term 3	
Term 4	
Student Teach 1	
Student Teach 2	
Student Teach 3	
Student Teach 4	

Are you repeating courses? *To be VA certified, courses may only be repeated under certain situations.*  YES  NO  
 Are you auditing courses? *Audited courses are not paid for by the VA.*  YES  NO

**Read, Check, Sign, and Date**

- I will notify the Franklin Pierce University Certifying Official immediately, in writing, of any changes that I make to my schedule so that it can be reported to the VA in a timely manner.
- I may only receive VA Educational benefits for courses that satisfy unfulfilled degree requirements.
- I must continue to make satisfactory academic progress. A term or overall GPA of less than 2.00 may terminate my benefits.
- I give the Franklin Pierce Certifying Officials permission to discuss my educational benefits with the VA.
- I am aware that changes to my registration may alter payment the VA will award me, and that I will be liable for any overpayments.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_