



## Veteran Request for Certification of Benefits

This form must be completed after you have registered for classes in order for your initial VA certification process to begin. A current copy of your DD214 and Certificate of Eligibility must be on file with the Office of Financial Aid prior to the certification process. Complete and submit this form to the Office of Financial Aid in order to ensure Certification for Veterans Educational Benefits to which you may be entitled is processed accurately and promptly.

Please carefully read the Veteran Student Responsibility Certification. For your convenience this form may be completed via the Benedictine University website, in person, my fax, or by emailing [FinancialAid@ben.edu](mailto:FinancialAid@ben.edu).

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Student ID Number**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Academic Program**

\_\_\_\_\_  
**Term Requested**

**NOTE:** You must attach a copy of your class schedule to this form in order for your certification to be processed.

**I am eligible for the following Veteran Educational Benefits Program:**

- Chapter 30: Montgomery GI Bill
- Chapter 31: Veterans Vocational Rehabilitation
- Chapter 32: Veterans Educational Assistance Program
- Chapter 33: Post 9/11 GI Bill
- Chapter 35: Survivors and Dependents Educational Assistance Program
- Chapter 1606: Montgomery GI Bill Selected Reserve
- Chapter 1607: Reserve Educational Assistance Program



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## **VETERAN STUDENT RESPONSIBILITY CERTIFICATION**

By signing below, I recognize that I am fiscally responsible for my education and enrollment with Benedictine University. **It is my responsibility to notify Benedictine University certifying officials and request certification for each term in which I enroll so that certification to the Veterans Administration may be processed on my behalf.** I am responsible for and will promptly inform the Office of Financial Aid of any changes in my enrollment status. Changes in my enrollment are reported to the VA, and I am responsible for subsequent debt which might be incurred.

I understand that generally the VA will not pay for courses that are not necessary for my chosen program; courses which I do not attend nor participate in; courses from which I withdraw; and courses that I complete but receive a grade that will not count towards graduation.

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By signing below, I acknowledge that I have read and understand the above statement and that the information provided in my certification request is accurate.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Last Name**

\_\_\_\_\_  
**Print First Name**

\_\_\_\_\_  
**Student ID Number**