## Office of the Registrar - VA Education Benefits Request for Certification of Enrollment to VA



To request certification of your enrollment to the VA for your education benefits, email this completed form to <a href="mailto:vabenefits@kennesaw.edu">vabenefits@kennesaw.edu</a> from your KSU student email.

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If this is your first time using benefits at KSU, you	must <u>first</u> co	mplete our <u>Ir</u>	ntake process.	
Request forms are processed in the order receive	Request forms are processed in the order received and must be fully completed and signed.			
<ul> <li>Submit this form only once per semester when you are ready for the School Certifying Officials to submit your early/initial enrollment certification to the VA for the upcoming semester.</li> </ul>				
<ul> <li>I acknowledge the following (please initial):</li> </ul>				
I have registered for classes and my sche		-	. •	
I have verified all classes meet degree recrequired for my degree will not be certified, nor will		_	•	classes not
Any changes I make to my schedule after	•	ū	, , ,	d/certified after
drop/add ends; changes will not be reflected on m		•	,	
Select only on	e semester	per request	form.	
Semester and Year Requesting Certification:	Fall	Spring	Summer <b>Year</b> :	
Name:	Student Type:		Undergraduate	Graduate
Student ID #:	Beneficiary Type:		Veteran/Active	Dependent
Benefit Chapter that I am requesting to receive Please reference what is listed on your Certificate of Eligibility			ly to Ch. 31 VR&E)	
Post-9/11 (Chapter 33) - Includes Transfer of	f Entitlemen	t, STEM sc	holarship, & Fry Scho	larship
MGIB-AD (Chapter 30) Active Duty				
MGIB-SR (Chapter 1606) Selected Reserves	5			
VR&E (Chapter 31) - VR&E Counselor Name	e:			
Dependents' Educational Assistance (Chapte	er 35/DEA)			
ls this a change in benefit chapter from your p	revious cer	tification/b	enefit use at KSU?	Yes No
If <u>yes</u> , you must also include (attach) a copy of you or, if changing to Ch. 31 VR&E, an authorization n		-	-	with this request
Please visit the website linked below and initia	al that you h	nave reviev	ved the benefit infor	mation:
(initial) I've read the Benefit Review ema intake) and have reviewed the inf				
I have reviewed the information above, understar responsibilities. I understand that only classes requiresponsible for confirming that all payments due the uany overpayment made by the VA.	uired for my	degree wil	I be certified. I unders	stand that I am
Student Signature:	Date:			