



Office of Military Veteran Student Services
 Sullivan Student Center RM 190 • Lake Shore Campus
 1032 W. Sheridan Road • Chicago, IL 60660
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It is recommend that you complete and submit this form at least **31** days before the start of the term to ensure the timely review and certification of your VA benefits.

Loyola ID: 0000 _____
 Academic Year: 20__-20__
 Term to be certified: Fall __ Winter __
 Spring __ Summer __
 (One term per request)

Veterans Affairs Request for Enrollment Certification

(Complete this form and submit to: <https://forms.luc.edu/faupload/login>)

Student Name (print): _____ VA Chapter(check one): 30-Montgomery GI Bill
 Student Type (check one): New Returning Guest 31-VR&E
 Address: _____ 33-Post 9/11 GI Bill
 City, State: _____ Zip Code: _____ 35- Dependents Educational Assistance
 LUC Email: _____ Contact #: (____) _____ - _____ 1606-Reserve GI Bill

Degree Program: _____ Academic Advisor Name: _____
 (eg, BS in Psychology)

Enrollment Information

Course Code (BIO 101)	Course Title (Intro to Biology)	# Credits Hours (3)

Only courses that satisfy degree requirements or are prerequisites for degree completion can be certified to the VA.
 (U.S. CFR 38.3672)

Digital signatures with time stamp or wet signatures only.

Total Credits: _____

I certify the above courses contribute toward the completion of the listed program or are required remedial and prerequisite courses that allow this student to progress toward degree completion.

Academic Advisor Signature: _____ Date: _____

Statements of Understanding

1. I have read, reviewed, and understand all the federal regulations and requirements pertaining to the VA Educational Chapter in which I have elected to utilize (www.gibill.va.gov).
2. I acknowledge submission of this form is required before MVSS can submit my enrollment certification to the VA for each term I intend to register.
3. I will immediately notify MVSS of any enrollment changes pertaining to this enrollment period/semester.
4. VA benefits may be discontinued if I fail to maintain LUC's SAP policy [satisfactory academic progress](#).
5. I understand failing to adhere to the above policies could result in the delay, disruption or change in VA benefits and debts owed to LUC and/or the VA.
6. I assume full responsibility for any debts owed to LUC or the VA should I withdraw, drop or fail to meet SAP.
7. I acknowledge MVSS will conduct the certification process within the VA regulations, however MVSS is not responsible for the timeliness in which the student receives educational funds from the VA.

Student Signature: _____ Date: _____