



# Request for VA Enrollment Certification

Office of the Registrar  
Email: ENMU.VeteransAffairs@enmu.edu  
FAX: 575.562.2566

**Submit completed form only after you register for classes**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Semester: (Fall, Spring, Summer) \_\_\_\_\_ Year: \_\_\_\_\_

ENMU ID: \_\_\_\_\_ SSN: \_\_\_\_\_

|                           |  |   |
|---------------------------|--|---|
| Chapter<br>Check only one | Post -9/11 GI Bill (chapter 33)        | Reserve Educational Assistance Program (chapter 1607) |
|                           | Montgomery GI Bill (chapter 30)        | Vocational Rehabilitation (chapter 31)                |
|                           | MGIB - Selected Reserve (chapter 1606) | DEA (chapter 35) <b>File number:</b>                  |

Are you on ACTIVE DUTY: (Yes, No, NA) \_\_\_\_\_

Degree: (e.g. BA, BS, MBA) \_\_\_\_\_ Major: \_\_\_\_\_ Emphasis/Concentration: \_\_\_\_\_

Are you taking classes at another location during the same semester: (Yes, No) \_\_\_\_\_

## Important information about your benefits

- By completing and submitting this form to the Office of the Registrar, you are asking us to certify your enrollments to the VA.
- Your certification is based on classes counting toward your current degree. It is your responsibility to ensure classes count toward your degree. If you have questions about how your classes count, contact your academic or graduate advisor.
- Once certified, changes will be reported to the VA. If you change your major and/or schedule, the change(s) could cause an overpayment for which you are responsible.
- If you have questions about how your classes were certified, contact us. If you have questions about how your benefits were paid, contact the VA directly.
- If you receive a scholarship or other funds earmarked solely for tuition, we will deduct that amount from the tuition that we certify with the VA. If such funds come in after we certify you, we will update your tuition amount with the VA.
- The VA will send you an email acknowledgement when we certify you or report any changes.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_