

# Student Veteran or Certain Disabled/Deceased Veteran's Dependent Education Benefit Programs Enrollment Certification Request

INSTRUCTIONS: COMPLETE AFTER ENROLLMENT REGISTRATION & KEEP UPDATED Please print legibly in ink and do not fold or bend



Name \_\_\_\_\_  
Last (if applicable Jr Sr III etc.) First Middle/Maiden Other

Address \_\_\_\_\_ Telephone: Home ( ) - Other ( ) -  
Street/Post Office Box Area Code Area Code



City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_ E-mail \_\_\_\_\_

File Number \_\_\_\_\_ If DEAP/Chapter 35, circle suffix: W A B C D E F G Student Number \_\_\_\_\_

Education Benefit Program:  MGIB-AD/Chapter 30(34)  MGIB-SR/Chapter 1606  VR&E/Chapter 31  DEAP/Chapter 35

I request to be CERTIFIED  Full-Time  Three-Quarter Time  Half-Time

I request NO INTERVAL PAY between the last and current semesters.

Degree (e.g., BS, MS, etc.) \_\_\_\_\_ Major 1 \_\_\_\_\_

Concentration(s) \_\_\_\_\_ Major 2 / Minor \_\_\_\_\_

I have CHANGED my degree/major/minor since last certified.....  YES  NO  
 My degree/major/minor on file with the university registrar is correct.....  YES  NO  
 I have received education benefits during the last six (6) months.....  YES  NO

**REMINDER: Tuition and fees deferment must be requested on the separate prescribed form.**

I will participate in the VETERAN WORK-STUDY ALLOWANCE PROGRAM.  
 I will GRADUATE at the end of this semester.

I understand that I must demonstrate SATISFACTORY PROGRESS and ATTENDANCE, CONDUCT & EFFORT (Initial) in courses for which I am certified and establish training time or my benefit payments may be retroactively adjusted.

*I understand that I should consult and comply with my applicable university catalog of admission and academic advisor in matters relating to official academic policy and program planning. I authorize the release of any information, including but not limited to information pertaining to my academic progress, attendance, and conduct between the United States Department of Veterans Affairs and East Tennessee State University for the purpose of delivering veterans' education program benefits.*

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Continued on Reverse

ETSU VA Form 1 (July 2004)

Course Identification			Course Title  <i>Enrollment Change Instructions</i> For course drop(s), single-line through course entry below, initial and date entry in left margin. For course add(s), enter new course information, initial and date entry in left margin. For complete withdrawals write "withdrew" and effective date withdrawn across this column.  List All Courses In Which Enrolled	Credit Hour(s)	Check (✓) Requirement(s) That Course Fulfills							Repeat [Enter Previous Grade(s)]	Round-Out [Last Semester Only]	ETSU VA USE				Received							
Prefix (Alpha Characters)	Number	Section (Numbers)			General Education Core	Major / Major Elective	Minor / Minor Elective	Free Elective	Professional Education	Developmental	Deficiency / Prerequisite			Proficiency Intensive	<input type="checkbox"/> Initial	<input type="checkbox"/> Visiting	<input type="checkbox"/> Concurrent		<input type="checkbox"/> 35 Developmental	<input type="checkbox"/> T & F Deferment	<input type="checkbox"/> Rounded Out	<input type="checkbox"/> Graduating	<input type="checkbox"/> Other	<input type="checkbox"/> Enrolled Check 1	<input type="checkbox"/> Enrolled Check 2
SPCH	1300	001	Example: "General Speech"	3	✓									C	LOS	A	TC	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	<input type="checkbox"/> NC ? <input type="checkbox"/> Δ <input type="checkbox"/> ○	Revised 2
				<b>TOTAL HOURS ENROLLED</b>												Revised 3									

*I have enrolled in the above-indicated courses and I will promptly report any enrollment changes. Failure to report changes may result in processing delays, over-payments or discontinuance of veterans' education program benefits. An "Incomplete" converting to a failing ("F") grade after one year may result in a retroactive adjustment in training time/benefit payments.*

**Withdrew**

RETURN TO:  
 Veterans Affairs  
 Office of the Registrar  
 East Tennessee State University  
 Post Office Box 70551  
 Johnson City, Tennessee  
 37614-1707

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_ Student Number \_\_\_\_\_