OFFICE OF THE REGISTRAR
www.jarvis.edu

Enrollment Verification Form
Veteran Student Services Policies and Procedures

Student Name: _____ Student ID: /SSN: _____

A student is classified as a veteran student when she/he receives benefits from the U.S. Department of Veteran Affairs (VA) under one of the following VA education programs:

- **Chapter 33** – Post 9/11 G.I. Bill®
- **Chapter 30** – Montgomery G.I. Bill® – Active Duty Educational Assistance Program
- **Chapter 35** – Survivors' and Dependents' Educational Assistance Program

All veteran students choosing to use their Veteran's Administration (VA) Educational Benefits must complete an **Enrollment Verification Form** once they **register for a new semester**, even if certified for more than one semester by the school's VA Certifying Official.

Failure to provide complete information may result in a delay of certification to the VA Regional Office. Completion of the **Enrollment Verification Form** is not a guarantee that you will receive payment from the VA.

We cannot determine eligibility or payment amount of VA benefits. Veteran students having questions concerning the type or amount of their VA benefits should contact the Veterans Affairs Regional Office directly.

Veteran Affairs Regional Office
P.O. Box 8888
Muskogee, OK 74402-8888

Telephone: 1-888-442-4551
Website: www.gibill.va.gov

Student Information	**(PLEASE FILL OUT COMPLETELY TO AVOID DELAYS IN PAY!)**	
Name (Last, First, Middle initial)	SSN	VA File No (**Ch. 35 only**):
Address		Email Address
City, State, Zip	Home Phone	Cell Phone

Degree:_____

Have you changed your degree plan since your last certification? ☐ Yes ☐ No

VA Chapte ☐ 33 (Post 9/11) ☐ Transferability CH. 30 ☐ 35 (Dependent) ☐ Transferability CH. 33

Student Status: Recertification Transfer Student from_____ Incoming Student
(last school where VA was used) (1st time using VA)

Student Signature	**Date**

Terms for Certification: ☐ Fall 20____ ☐ Spring 20____ ☐ Winter 20____ ☐ Summer 20____

INTIALS _____ I understand that the courses that I am certifiying for are part of my current degree plan, except as noted, and that if I enroll in courses not listed on the degree plan, I will be responsibil to the Department of Veterans Affairs for any overpayment. I understand that I must be registrered in order for Jarvis Christian University Veterans Services Office to process my certification with the Department of Veterans Affairs.

INTIALS_____ I understand that I will that I will be certified for all applicable break periods unless I specifically request not to be paid. This form covers only the time period indicated above. I will notify the Veterans Services Office each semester in the event that I registrer, drop, or withdraw from any course.

INITIALS _____ I understand that I must, at all times, have a current signed degree plan on file with the Veterans Service Office, and that I must fill out a Change of Major form any time my degree plan changes.

OFFICE USE ONLY:

Start Date:_____End Date: _____ Credits: _____ Completed Initials/Dated: _____

RETURN this form to:

Jarvis Christian University
Veteran Services Office, Bldg. EBS, Room 105
P.O. Box 1470
Hawkins, TX 75765
Phone: (903) 730-4890 Fax: (903) 769-1282
Email: registrar@jarvis.edu