

## **Veterans Affairs Enrollment Verification Form**

Student's Name:	Student ID:	
Mailing Address:	Date of Birth:	
Telephone Number:	Email Address:	
<b>Enrollment Certification (All classes</b>	s MUST be in your program of study) – Attach Schedule and Degree Audit/Curricu	ılum Sheet
Fall Hours Enroll	lled	
Spring Hours Enro	olled	
Summer Hours Enro	olled	
Indicate the VA Educational Program Chapter 30 (Montgon	m you will receive benefits under. Please check mery GI Bill-Active Duty)	
Chapter 1606 (Montg	gomery GI Bill – Selected Reserve)	
Chapter 33 (Post-9/1	11 GI Bill) What is your percentage of eligibility? %	
Check if b	benefits were transferred from a parent or spouse	
Chapter 31 (Voc. Reha	hab) Case Manager:	
Chapter 1607 (REAP)		
Chapter 35 (Depende	ent) VA File Number:	
Check if yo	ou are receiving Title 29	
Louisiana National Gu	Guard Service Member	
Student Status		
First-Time Freshman	Transfer Student Continuing Student Readmit Stude	ent
Check the box that describes you be I have never used VA benefits, eligibility).	pest s, but I have completed an application for VA Educational Benefits (MUST provide)	letter of
I have used VA Educational Be	enefits while attending RPCC.	
I am transferring to RPCC this	s semester and I have completed a Change of Place Training form (MUST provide a	copy).
Please initial after reading each stat I understand that I MUST Main	atement aintain Satisfactory Academic Progress toward my educational degree.	
	tify the RPCC Financial Aid Office of any class changes or Withdrawals. Failure to do I possibly having to repay initial VA Educational monthly awards.	o so may
I understand that I MUST be e prior transcripts on file with River Pa	enrolled in an approved program of study that leads to a degree or certificate and arishes Community College.	l have all
I understand that I will not be	e paid for courses previously passed at RPCC or other institution.	
Signature	 Date	