



Veterans Affairs Enrollment Verification Form

Student's Name: _____ Student ID #: _____

Mailing Address: _____ Date of Birth: _____

Telephone Number: _____ Email Address: _____

Enrollment Certification (All classes MUST be in your program of study) – Attach Schedule and Degree Audit/Curriculum Sheet.

Fall _____ Spring _____ Summer _____
_____ Enrolled Hours _____ Enrolled Hours _____ Enrolled Hours

Indicate the VA Educational Program you will receive benefits under. Please check

- _____ Chapter 30 (Montgomery GI Bill-Active Duty)
- _____ Chapter 1606 (Montgomery GI Bill – Selected Reserve)
- _____ Chapter 33 (Post-9/11 GI Bill) What is your percentage of eligibility? _____ %
- _____ Check if benefits were transferred from a parent or spouse
- _____ Chapter 31 (Voc. Rehab) Case Manager: _____
- _____ Chapter 1607 (REAP)
- _____ Chapter 35 (Dependent) VA File Number: _____
- _____ Check if you are receiving Title 29
- _____ Louisiana National Guard Service Member

Student Status

- First-Time Freshman
- Transfer Student
- Continuing Student
- Readmit Student

Check the box that describes you best

- _____ I have never used VA benefits, but I have completed an application for VA Educational Benefits (MUST provide letter of eligibility).
- _____ I have used VA Educational Benefits while attending RPCC.
- _____ I am transferring to RPCC this semester and I have completed a Change of Place Training form (MUST provide a copy).

Please initial after reading each statement

- _____ I understand that I MUST Maintain Satisfactory Academic Progress toward my educational degree.
- _____ I understand that I MUST Notify the RPCC Financial Aid Office of any class changes or Withdrawals. Failure to do so may result in termination of benefits and possibly having to repay initial VA Educational monthly awards.
- _____ I understand that I MUST be enrolled in an approved program of study that leads to a degree or certificate and have all prior transcripts on file with River Parishes Community College.
- _____ I understand that I will not be paid for courses previously passed at RPCC or other institution.
- _____ I understand that if I am determined ineligible for VA Benefits, it will be removed from my award/account and repayment will be required.

Signature

Date