



# Sacred Heart UNIVERSITY

## VA ENROLLMENT CERTIFICATION REQUEST – NEW STUDENT

### DEMOGRAPHICS

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

SHU ID: \_\_\_\_\_ SHU Email: \_\_\_\_\_

### MILITARY STATUS

ACTIVE DUTY \_\_\_\_\_ RESERVIST \_\_\_\_\_ VETERAN \_\_\_\_\_ DEPENDENT/SPOUSE \_\_\_\_\_

BRANCH: ARMY \_\_\_\_\_ AIR FORCE \_\_\_\_\_ COAST GUARD \_\_\_\_\_ MARINES \_\_\_\_\_ NAVY \_\_\_\_\_ NAT. GUARD \_\_\_\_\_

### VETERANS EDUCATIONAL BENEFITS FOR WHICH YOU ARE APPLYING

30 MGIB \_\_\_\_\_ 31-VOC REHAB \_\_\_\_\_ 33 POST 9/11 \_\_\_\_\_ 33-YELLOW RIBBON \_\_\_\_\_

35 DEPENDENT/SPOUSE \_\_\_\_\_ 1606 RESERVES \_\_\_\_\_ 1607 REAP \_\_\_\_\_

### ENROLLMENT INFORMATION

NUMBER OF CREDITS REGISTERED THIS SEMESTER: \_\_\_\_\_

SEMESTER: FA \_\_\_\_\_ WI \_\_\_\_\_ SP \_\_\_\_\_ SS \_\_\_\_\_ SU \_\_\_\_\_ MODULE \_\_\_\_\_ YEAR \_\_\_\_\_

STUDENT STATUS: NEW \_\_\_\_\_ TRANSFER \_\_\_\_\_ GUEST \_\_\_\_\_

DEGREE PROGRAM:

\_\_\_\_\_

ARE YOU RECEIVING TUITION ASSISTANCE FROM ANY OF THE FOLLOWING:

GO ARMY \_\_\_\_\_ AIR FORCE \_\_\_\_\_ NAVY COLLEGE \_\_\_\_\_ OTHER \_\_\_\_\_

<p style="text-align: center;"><b>STATEMENT OF UNDERSTANDING</b> <i>(please initial each item)</i></p>
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\_\_\_\_\_ I must be registered for classes before submitting this form.

\_\_\_\_\_ I must complete and submit this form to the SHU Certifying Official for each semester of eligibility for VA benefits.

\_\_\_\_\_ I must provide the following documents to the SHU Certifying Official: DD-214 and COE.

\_\_\_\_\_ **I must immediately report any changes in enrollment (adds/drops/withdrawals) to the SHU Certifying Official. Note that a reduction in credit hours may result in a change in eligibility for benefits, even after disbursement has occurred.**

\_\_\_\_\_ VA benefits may be discontinued if I fail to maintain satisfactory academic progress/attendance towards completion of my program of study. I further understand that incomplete (I) grades must be completed six (6) weeks into the next semester or VA benefits may be reduced or interrupted.

\_\_\_\_\_ I understand the VA controls all payments and monthly housing allowance pertinent to Chapter 31 and 33. I am responsible for notifying the SHU Certifying Official of any changes to my status or eligibility.

\_\_\_\_\_ I am responsible for paying SHU for any charges which are not covered by my VA benefits.

\_\_\_\_\_ The information on this form is true and correct to the best of my knowledge.

**CERTIFICATION CONFIRMATION:**

By checking YES below, you are indicating that you have completed all required fields, and have carefully read, understand and agree with the information contained thereof. \_\_\_\_\_ YES

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

Submit this completed form and eBenefits balance, and any other applicable forms by email to: [coricad@sacredheart.edu](mailto:coricad@sacredheart.edu) or call at 203-371-7895. Email correspondence is preferred.