

ENROLLMENT CERTIFICATION

NAME:	VA C#:	SSN:
ADDRESS:	PHONE: (H)	(W):
Number of Dependents:		
Chapter	30	31 32 34 35 106
MAJOR:	MINOR:	
SEMESTER:	Undergraduate:	Graduate:

I. ENROLLMENT DATA:

PREFIX	NO	SEC	TITLE	CR-HRS

Total Hours: _____

Total Fees: _____

II. STUDENTS STATEMENT OF CERTIFICATION:

1. I request payment of VA Education Benefits as listed above.
2. I acknowledge my responsibility to:
 - a. Report enrollment each semester to the Veterans Affairs Office immediately after I have enrolled.
 - b. Report immediately any enrollment/attendance changes.
 - c. Be held financially liable for any overpayments of Federal monies as a result of my failure to timely notify the Veterans Affairs Office of any change in my enrollment status.
 - d. Be financially liable for debts arising from non-attendance, improper withdrawal or late withdrawal from class(es).
3. I have reviewed the above and certify that it is correct to the best of my knowledge.

Signature: _____ Date: _____

III. DEPARTMENT HEAD OR ADVISOR:

To the student's Department Head or Advisor:

The above named student is applying for educational benefits from the Veterans Administration. Lincoln University is required by law to certify that all coursework, for which the student receives benefits, is applicable toward the above noted degree program.

I hereby certify that all courses noted above are applicable to the student's degree program.

Department Head's or Advisor's Signature: _____ Date: _____