

LINCOLN UNIVERSITY VA ENROLLMENT CERTIFICATION

Name: _____ VA C#: (Chapter 35 only) _____ SSN: _____

Last _____ First _____

Address: _____ Phone: _____
 Street _____

City _____ State _____ Zip _____ Student ID#: _____

Email: _____

Major: _____ Undergraduate Graduate

Are you currently on Active Duty? Yes No Semester: Fall _____ (year)

Chapter: 30 31 33 35 1606 Spring _____ (year)

Summer _____ (year)

I. ENROLLMENT DATA:

Prefix	Number	Section	Title of Course	Credits

Total Credits: _____

II. STUDENT 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 VA School Certifying Official 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 VA School Certifying Official 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.

Tuition and Fees: _____
 (VA Office Use Only)

Signature: _____ Date: _____

III. DEPARTMENT HEAD OR ADVISOR:

The above named student is applying for VA Education Benefits through the VA School Certifying Official. 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.

Signature: _____ Date: _____