

CHAPTER 33, Post 911 Dependent & Fry Scholarship VETERAN EDUCATIONAL BENEFITS ENROLLMENT INFORMATION

Mark the semester to be certified (complete one form per semester)

Fall ____ Spring ____ Summer ____
year year year

You must complete this form for every semester you want to use benefits after enrolling in class.
 If you make any enrollment changes, contact our office for an add/drop form.

Verification of Attendance

At the end of each month, you are required to verify your attendance through the VA website

<https://www.va.gov/education/verify-school-enrollment/>

or by telephone: 1-877-823-2378 and follow the instructions

NAME (First Last):		MU Email:	
STUDENT ID #:		SSN:	
ADDRESS:			
CITY:		STATE:	ZIP:
CELL PHONE #:		DATE OF BIRTH:	
DEGREE TYPE:	MAJOR:		
GRADUATE STUDENTS: HAVE YOU BEEN OFFICIALLY ACCEPTED INTO YOUR DEGREE PROGRAM? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>			
DATE OF EXPECTED GRADUATION (MONTH/YEAR):			
ARE YOU A GUEST STUDENT? Y <input type="checkbox"/> N <input type="checkbox"/>			
HOURS FOR WHICH YOU ARE REQUESTING TO BE CERTIFIED (ONLY REPORT HOURS TAKEN AT MU. FOR MU STUDENTS TAKING HOURS AT ANOTHER SCHOOL, LET US KNOW IF YOU NEED PARENT LETTER)			
<u>ALL CLASSES BEING CERTIFIED MUST BE IN PURSUIT OF YOUR APPROVED PROGRAM. THE VA WILL NOT PAY FOR COURSES THAT ARE BEING RE-TAKEN ONLY TO IMPROVE YOUR GPA, OR ALREADY RECEIVED A PASSING GRADE. FAILURE TO COMPLY COULD RESULT IN DEBT TO THE VA. IF YOU ARE UNSURE WHICH HOURS ARE ELIGIBLE TO BE CERTIFIED PLEASE CONTACT THE MU VETERANS CENTER.</u>			
In Class Hours:		Online Hours:	

For Office Use Only

NOTES:

COE
 Enrollment Fee Waiver List
 Residency
 Add Note to VA ONCE

<p>YOU AND THE UNIVERSITY OF MISSOURI ARE OBLIGATED, BY LAW, TO REPORT YOUR ACADEMIC PROGRESS. BY READING, CHECKING, AND SIGNING BELOW, YOU ARE AGREEING TO THE FOLLOWING (PLEASE CHECK ALL BOXES):</p>	
<p><input type="checkbox"/> <i>I agree to notify the MU Veterans Center in writing if I make changes to my enrollment including withdraw from the University for any reason, including graduation.</i></p>	
<p><input type="checkbox"/> Changes to your enrollment might result in a overpayment by the VA and you owing a debt to the VA.</p>	
<p><input type="checkbox"/> I understand that MU will release information to the VA to include any requested student records and/or transcripts.</p>	
<p><input type="checkbox"/> <u>Online Self-Paced Courses</u> The VA policy for certifying self-paced courses states they are to be certified AFTER the course is completed. When the course is complete notify our office for certification. This could affect your fulltime status with the VA. If you have any questions, please contact the MU Veterans Center.</p>	
<p>I authorize the information provided on this form to be released to the VA by the MU Veterans Center. I authorize MU to submit to the VA, any changes that may occur which affect my benefit payments and to share academic information and personal information as required by the VA. I understand that this information may include Social Security number, address, academic information, and rate of academic progress. I have read the above statements; I understand them, and my signature signifies my agreement.</p>	
<p>SIGNATURE:</p>	<p>Date:</p>

Please return form to:

**University of Missouri Veterans Center
 N5 Memorial Student Union
 Columbia, MO 65211**

You may email the form to veterans@missouri.edu or fax this form to (573) 884-4387.

If you have any questions, please call 573-884-4383.

Additional information available at: www.gibill.va.gov