



Office of Military Veteran Student Services
 Sullivan Student Center RM 170 •Lake Shore Campus
 1032 W. Sheridan Road •Chicago, IL 60660
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Loyola ID: 0000 _____
 Academic Year: _____
 (ex. 2020-2021)

Term to be certified
 Fall ___
 Winter/J ___
 Spring ___
 Summer ___

Student must contact their advisor directly for signature.
 Incomplete forms will not be accepted.

Veterans Affairs Request for Enrollment Certification

(Complete this form and submit to: <https://forms.luc.edu/faoupload/login>)

Student Name (print): _____
 Student Type (check one) New Returning Guest
 Address: _____
 City, State: _____ Zip Code: _____
 LUC Email: _____ Contact #: (____) _____ - _____

Select Benefit Type
 30-Montgomery GI Bill
 31-VR&E
 33-Post 9/11 GI Bill
 35- Dependents Educational Assistance
 1606-Reserve GI Bill

Degree Program: _____ Academic Advisor Name: _____
 (eg, BS in Psychology)

Using Loyola Student Health Insurance: Yes No
 (If no, student must "waive" their participation through LOCUS)

Enrollment Information

Course Code (BIOL 101)	Course Title (Intro to Biology)	Credit Hours (3)	In-Person	Online	Only courses that satisfy degree requirements or are prerequisites for degree completion can be certified to the VA. (U.S. CFR 38.3672)

Total Credits: _____

I certify the above courses contribute toward the completion of the listed program or are required remedial and prerequisite courses that allow this student to progress toward degree completion.

Academic Advisor Signature: _____ Date: _____

Statements of Understanding

1. I have read, reviewed, and understand all the federal regulations and requirements pertaining to the VA Educational Chapter in which I have elected to utilize (www.gibill.va.gov).
2. I acknowledge submission of this form is required before MVSS can submit my enrollment certification to the VA for each term I intend to register.
3. I will immediately notify MVSS of any enrollment changes pertaining to this enrollment period/semester.
4. VA benefits may be discontinued if I fail to maintain LUC's SAP policy [satisfactory academic progress](#).
5. I understand failing to adhere to the above policies could result in the delay, disruption or change in VA benefits and debts owed to LUC and/or the VA.
6. I assume full responsibility for any debts owed to LUC or the VA should I withdraw, drop or fail to meet SAP.
7. I acknowledge MVSS will conduct the certification process within the VA regulations, however MVSS is not responsible for the timeliness in which the student receives educational funds from the VA.

Student Signature: _____ Date: _____

Simply typing your name will not be accepted