# Enrollment Certification Request Form

## VA Educational Benefit

- **CHAPTER 33, POST 9/11**
- **YELLOW RIBBON**
- **CHAPTER 30, GI BILL ACTIVE DUTY**
- **CHAPTER 31, VOCATIONAL REHABILITATION**
- **CHAPTER 35, SURVIVORS & DEPENDENTS ASSISTANCE**
- **CHAPTER 30, POST 9/11**
- **CHAPTER 31, VOCATIONAL REHABILITATION**
- **CHAPTER 35, SURVIVORS & DEPENDENTS ASSISTANCE**
- **CHAPTER 33, POST 9/11**
- **CHAPTER 31, VOCATIONAL REHABILITATION**
- **CHAPTER 35, SURVIVORS & DEPENDENTS ASSISTANCE**

## Program of Study

- **Major**
- **Minor**
- **Major**
- **Minor**

## Contact Information

- **Permanent Home Address**
- **City, State, Zip**
- **Home Phone #**

## Local Information (Proof of Residency Required for In-State Tuition)

- **Local Home Address**
- **City, State, Zip**
- **Cell Phone #**

## KU Email Address

- **KU Email Address**

## Degree Seeking

- **Undergraduate**
- **Graduate**
- **Doctoral**
- **Post-Baccalaureate**
- **Certification Only**
- **Other**

## Term

- **Total Credits for Term Checked Below**

  - **FALL 20_____**
  - **SUMMER 1**
  - **WINTER 20_____**
  - **SUMMER 2**
  - **SPRING 20_____**
  - **MBA**

## Initials

- **Initial**
- **Initial**
- **Initial**

## Statement

I understand that it is my responsibility to certify (in the Registrar’s Office) for each term for which I plan to receive benefits.

I understand that it is my responsibility to report any status changes (including add/drop, grades of “I” or “W”, address, change of major, or any other changes that may affect my entitlement to the benefits.

I understand that I am responsible for any debt owed to Kutztown University resulting from an overpayment of my education benefits. Non-payment may affect my student account and future registration. I understand the GI Bill Benefits (Chapters 31 & 33) are only applied to tuition and fees, less any scholarships unless the scholarship is refundable.

I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the Registrar’s Office as soon as they occur.

Signature___________________________________________ Date___________________________

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Registrar’s Office Use Only

- **In State**
- **COE**
- **Nobel**
- **Out of State**
- **DD214**
- **Service Indicator**