

## †-u-k° VOENROLLMENT CERTIFICATION

## **STUDENT DATA FORM**

Your Inform	ation:				
Name:					Emory Student ID:
Address:					Phone:
City:		State:	:	Zip:	Email:
VA File # or SSN: VA		VA B	enefit I am e	ligible to	o receive:
l am a:	Veteran		If vou are u	using Ch	apter 35 DEA benefits
	Eligible Family Member or Spo		•	-	SSN of your benefactor:

## Please choose one:

I am a continuing Emory University student who attended the previous semester.

I am a new Emory University student, and I have never used VA benefits. (Please submit a copy of the VA certificate of eligibility (COE) in addition to this form. \*CH35-DEA, please submit copy of VA benefits application Form 22-5490.

I am transferring to Emory University from another institution, and I have used benefits at my previous institution.

(Please submit a copy of the 22-1995 or 22-5495 change of place training form in addition to this form.)

I am a former Emory student who has decided to return.

UNIVERSITY

## **Enrollment Certification Term**

Enroliment Certification Term:						
Term: FALL	SPRING	SUMMER	YEAR			
School within Emory:		Major:	Expected Graduation Date:			

- ✓ I agree to accept liability and assume responsibility for any overpayments that result from my failure to officially notify the Emory University Office of the Registrar, <u>registr@emory.edu</u>, immediately of any changes in enrollment status such as a drop/add, withdrawal, leave of absence, change in school or program.
- ✓ I understand that my benefits from the VA and Yellow Ribbon may vary term to term and within a term based on my enrollment.
- ✓ I understand and agree to be responsible for the overpayment that will result if I drop a course or withdraw from a course at any given point within the term.
- I understand that I will not be paid for excessive elective courses, previously passed courses, or other courses that do not qualify for VA benefits.
- ✓ I have submitted a COE to the Registrar as required by Emory University Office of the Registrar.
- ✓ I understand that continued eligibility for VA educational benefits relies on my meeting the VA satisfactory progress standards.
- ✓ I certify that all information contained herein is complete and correct. I authorize Emory University to release my academic information to VA to determine my eligibility for educational benefits.
- I understand that upon the start of my attendance the University will not communicate any information regarding my benefits, or account to anyone other than myself, or individuals I list on the VA Communication form, or have authorized by an email to the School Certifying Official.
- ✓ I understand that I must complete this form at the time of enrollment, and I will not be certified with the VA until I have returned this form to the Office of the Registrar.

Signature:

Date:

Print, sign, and submit form to: Emory University, Office of the Registrar, 100 Boisfeuillet Jones Center, 200 Dowman Drive, Atlanta, GA 30322 • Fax: 404.727.4997 • Phone: 404.727.6042 Please direct questions to our email address: registr@emory.edu.