



Veteran/Dependent Enrollment Certification Request

Return form to the registrar's office at psu-registrar@plymouth.edu.

Veteran's educational benefits will not be requested on your behalf unless this form is submitted to the School Certifying Official in the Registrar's office by the end of the add/drop period for which you wish to have your enrollment certified for benefits. Failure to submit this form may result in a delay or a denial of benefits. This form must be completed for each Academic Year (e.g., fall 2023 through summer 2024).

Student Information

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Phone _____

Student ID # _____ Last 4 of SSN: XXX-XX- _____

Current Declared Major #1 _____ Academic Year 20 ____ / 20 ____

Month/Day OF BIRTH: ____/____/XXXX Are you on ACTIVE DUTY now? Yes ____ No ____

All PSU business will use your PSU email; if desired, please provide an alternative email for the VA _____

Did you receive Veteran's Educational Benefits at any previous institution? Yes ____ No ____

If yes, please indicate last school attended while receiving benefits: _____

Benefit Information

Under which benefit will you be certified? (please check one) *GI Bill® is a registered trademark of the US Department of Veteran's Affairs (VA)*

- Chapter 30 Montgomery GI Bill®
- Chapter 31 VA Vocational Rehabilitation
- Chapter 32 VEAP (Veterans Educational Assistance Program)
- Chapter 33 Post 9/11 GI Bill®
- Chapter 33 Post 9/11 GI Bill® TEB (Transfer of Benefits to Dependent) – VA File # _____
- Chapter 35 Dependents and Survivors Educational Assistance Program – VA File # _____
- Chapter 1606 Montgomery GI Bill® - Selected Reserves (Reserves or National Guard)
- Chapter 1607 REAP (Activated Reserves/National Guard having served under Title 10)

Enrollment Information

Please indicate the semesters/terms for which you wish to receive benefits **and** the total credits you will take in each:

UNDERGRADUATE	Year	# anticipated credits?
Fall	20____	_____
Early Spring	20____	_____
Spring	20____	_____
Summer	20____	_____
Other (please explain: _____)		

GRADUATE	Year	# anticipated credits?
Fall	20____	_____
Early Spring	20____	_____
Spring	20____	_____
Summer	20____	_____
Other (please explain: _____)		

*Are any of these courses being repeated? (for certification, courses may be repeated only under certain situations) Yes ____ No ____

*Are you auditing any courses? (audited courses are not be paid for by the VA) Yes ____ No ____

*Are/do you expect to be enrolled in any courses that do not last the full length of the semester/term? Yes ____ No ____

Please be aware that we must certify your actual course attendance dates for each individual course, not the standard semester/term dates. This will affect the amount of money the VA will award you for the month! These dates are frequently different for online courses and Graduate courses. Once reported to the VA, they will determine what their regulations specify for your monthly award.

Read, Check, Sign and Date

- I will notify the PSU Certifying Officials in writing as soon as I make any changes to my schedule so that it can be reported to the VA in a timely manner.
- I may only receive VA Educational benefits for courses that satisfy unfulfilled degree requirements.
- I must continue to make satisfactory academic progress. A term or overall GPA of less than 2.00 may terminate my benefits.
- I give the PSU School Certifying Officials permission to discuss my educational benefits with the VA
- I give the PSU School Certifying Officials permission to share that I am using educational benefits with the Coordinator of Military Services
- I am aware that changes to my registration may alter the payment the VA will award me, and that I will be liable for any overpayments.

Student Signature: _____ Date: _____

Processed by: _____	Date: _____	7/2023
Office of the Registrar 17 High St, MSC #7 Plymouth, NH 03264		Phone: (603) 535-2345, Fax (603) 535-2724