

## **Veterans Request for Enrollment Certification**

Please complete all requested information and return this form to the Office of Student Financial Aid at the campus you attend. Please attach the most recent copy of your Certificate of Eligibility (COE) and you Member Copy DD-214. You may also fax this form and all documents to the number at the bottom of the page or email them to <a href="mailto:mcooper@johnmarshall.edu">mcooper@johnmarshall.edu</a>.

Last Name, First Name MI			AJMLS Student ID No.
Current Address	City,	, State	Zip Code
	VAl	File Number (*T	This is the SSN for all chapters expect Chapter 35)
Phone Number:			
Email Address:			
*Chapter 35 recipients, the VA file nun	iber may be th	ie dependent's spou	se/parent SSN or an assigned 8 digit claim number.
Please select the appropriate in	formation ]	below:	
I am a new student: [ ] Yes			er received VA benefits? [ ] Yes [ ] No
I am a current student: [ ] Yes	[ ] No	[] No Field of Study: [] J.D. [] L.L.M Law	
I am a transfer student: [ ] Yes	[ ] No	Credit hours you plan to enroll:	
Enrollment Period [ ] Fall [ ] S	pring [ ] Su	ımmer Av	ward Year: 20 20
	[ ] Yes	[ ] No	
Are you repeating any courses?			
Are you repeating any courses?  List the semester that you are rep	eating cours	ses	

1422 West Peachtree Street NW Atlanta, GA 30309 Phone: 678-916-2675 Fax: 404-873-3802

Below, select which Veterans Education Benefit Prograthis semester? You may visit www.benefits.va.gov/gibill to learn w	· •		
Chapter 30 - Montgomery GI Bill → Active Duty? Yes [ ] No	o() (if no, a copy of your DD-214 is required)		
<b>Chapter 31</b> - Vocational Rehabilitation → (your counselor must provide VA form 1905)			
<b>Chapter 35</b> - Spouse/Dependent of Veteran GI Bill→ VA Claim	n Number:		
Chapter 1607- Montgomery GI Bill (Reserve/National Guard	Active Duty)		
Chapter 1606 - Montgomery GI Bill (Reserve/National Guard)	→ (a copy of your NOBE is required)		
Chapter 33 – Post 9/11 GI Bill → Is this for Transfer of En	titlement? Yes [ ] No [ ]		
Are you applying for the Yellow Ribbon Program if eligib	ole? Yes [ ] No [ ]		
Terms and Con	ditions		
attendance. Not attending all classes until the end of the Reduction in course enrollment after certification will be retroactive loss of benefits unless the VA finds mitigating benefits could revert back to the first day of class.	submitted to the VA and may result in the		
<ul><li>Please initial next to each statement below:</li><li> 1. I am aware changes in my registration may alter</li></ul>	the VA payments I am awarded.		
2. I understand I will be liable for any overpaymen Administration. I also understand that I must noting affairs administration of any changes in my regist	fy the VA Certifying Official and the veteran		
3. I am aware that this form must be completed for	each semester in which I wish to be certified.		
4. I have submitted all requested documentation.			
I hereby acknowledge that I fully understand and am statements.	knowledgeable all of the above initialed		
Student Signature	Date		
VA School Certifying Official	Date		

Atlanta's John Marshall Law School Office of Financial Aid

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