

## 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 [mcooper@johnmarshall.edu](mailto:mcooper@johnmarshall.edu).

### STUDENT INFORMATION

Last Name, First Name MI		AJMLS Student ID No.	
Student SSN			
Current Address	City, State	Zip Code	
		VA File Number (*This is the SSN for all chapters except Chapter 35)	
For Chapter 35 Beneficiaries:	<b><u>First Name of Qualifying Veteran</u></b>	<b><u>Last Name of Qualifying Veteran</u></b>	
Phone Number:			
Email Address:			

*\*Chapter 35 recipients, the VA file number may be the dependent's spouse/parent SSN or an assigned 8 digit claim number.*

**Please select the appropriate information below:**

I am a new student:     Yes     No    Have you ever received VA benefits?  Yes     No  
 I am a current student:  Yes     No    Field of Study:  J.D.  
 I am a transfer student:  Yes     No    No. of Credit hours you plan to enroll: \_\_\_\_\_

Enrollment Period  Fall     Spring     Summer    Award Year: 20\_\_\_\_ - 20\_\_\_\_

Are you repeating any courses?  Yes     No

List the semester that you are repeating courses \_\_\_\_\_

List the course(s): \_\_\_\_\_  
 \_\_\_\_\_

**Atlanta's John Marshall Law School**  
**Office of Financial Aid**  
 245 Peachtree Center Avenue, NE  
 Suite 1900  
 Atlanta, GA 30303  
 Phone: 678-916-2675  
 Fax: 404-873-3802

**Below, select which Veterans Education Benefit Program are you requesting to be certified under this semester?** You may visit [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill) to learn which education benefit you may be eligible for:

- Chapter 30** - Montgomery GI Bill → Active Duty? Yes  No  (if no, a copy of your DD-214 is required)
- Chapter 31** - Vocational Rehabilitation → (your counselor must provide VA form 1905)
- Chapter 35**- Spouse/Dependent of Veteran GI Bill → VA Claim 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 Entitlement? Yes  No

Are you applying for the Yellow Ribbon Program if eligible? Yes  No

### Terms and Conditions

**To Use Veterans Benefits, ALL classes that you enroll in must be required for the degree program that you are enrolled. For all “W” or “I” grades, the instructor will be contacted for last date of attendance. Not attending all classes until the end of the semester may affect your total benefit.**

Reduction in course enrollment after certification will be submitted to the VA and may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class.

***Please initial next to each statement below:***

\_\_\_\_\_ 1. I am aware changes in my registered number of credit hours may alter the VA payments amounts that are certified by the school to VA.

\_\_\_\_\_ 2. I understand that I must notify the VA School Certifying Official of any changes in my registration.

\_\_\_\_\_ 3. I am aware that this form must be completed for each award year in which I wish to be certified.

\_\_\_\_\_ 4. I have submitted all requested documentation.

**I hereby acknowledge that I fully understand and am knowledgeable all of the above initialed statements.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VA School Certifying Official

\_\_\_\_\_  
Date

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