

This form is **REQUIRED** every semester. Without this form, your benefits will not be certified.



VA ENROLLMENT VERIFICATION FORM

Name: _____ Date: _____
6 digit student ID#: _____ Last 4 SSN#: _____

SEMESTER (check one only): Fall Spring Summer
DEGREE STATUS: Bachelor Masters Doctorate Certificate

CHECK AND FILL OUT ONLY IF YOU HAVE NEW CONTACT INFO OR IF THIS IS YOUR FIRST SEMESTER AT RMU

Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____

HEALTH INSURANCE: Using own and opting out of RMU coverage Using RMU insurance

***Please Note:** If you already have health insurance and wish to opt out of RMU's health coverage, please go to <http://studentlife.rmu.edu/student-health-services/student-insurance> and provide your insurance information.

SERVICE:

Branch of service: _____
Currently on active duty: Yes No

CHECK IF TEB (transfer of entitlement benefits)

Transferred from: Spouse Parent
Transferor on active duty: Yes No

ENTITLEMENT:

- Chapter 33 (Post 911)
- Chapter 30 (Montgomery GI Bill)
- Chapter 31 (Voc Rehab)
- Chapter 35 (Survivors & Dep)
- Chapter 1606 (Selected Reserve)
- Other _____

CERTIFY ALL SCHEDULED COURSES

List any courses you are repeating from a previous semester or term:

SIGNATURE: _____

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NOTE: If this is your first term at Robert Morris University under the either GI Bill or VA educational benefit, please review your GI benefit on VA.GOV

*I understand that it is MY responsibility to certify each term for which I plan to receive benefits, in person or electronically to the Center for Veterans and Military Families.

*I understand that it is MY responsibility to report any status changes, including add/drop, address change, change of major, or any other changes that may affect my entitlement to GI BILL benefits.

*I understand that I am responsible for any debt owed to Robert Morris University resulting from an overpayment in my education benefits. Non-payment may affect my student account and future registration.

*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 Center for Veterans and Military Families as soon as they occur.

Signature

Date

For future assistance please contact:

David Ausman
Director, Center for Veterans and Military Families
Robert Morris University
412-397-5424

-OR-

Christie McFadden
Primary School Certifying Official and Veteran Benefits Specialist
Center for Veterans & Military Families
Robert Morris University
412-397-5435

*The Center for Veterans and Military Families is located on the 1st floor of the Jefferson Center