



# ENROLLMENT CERTIFICATION REQUEST FOR VETERANS BENEFITS

This form must be submitted each semester to be certified for VA benefits.

## PERSONAL INFORMATION:

Are you a new student? \_\_\_ Yes \_\_\_ No If yes, please submit Member COE/NOBE

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

CONCORDIA ID# C00 \_\_\_\_\_ Phone# \_\_\_\_\_

## CERTIFICATION INFORMATION:

### I: Please Select Benefit(s) Requested

\_\_\_ Chapter 31 – Vocational Rehabilitation  
\*Submit Form 22-1905 to the SCO to  
be certified under this benefit

\_\_\_ Chapter 33 – Post 9/11

\_\_\_ Other \_\_\_\_\_

\_\_\_ Chapter 35 – Survivors’ & Dependents’ Assistance

### II: Check semester you are enrolled and wish to be certified

Year: \_\_\_\_\_

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

## III: STUDENT AFFIRMATION:

Initial each line to indicate that you have read and understand your responsibilities for certification.

\_\_\_ I hereby request that the School Certifying Official (SCO) submit my enrollment information, as indicated on the form, to the Department of Veterans Affairs (VA).

\_\_\_ I understand that I must notify the SCO immediately if I drop, withdraw or stop attending classes.

\_\_\_ I understand that I must be meeting satisfactory academic progress requirements toward my program of study and that the SCO is responsible to promptly amend my enrollment certification to report to the VA my lack of progress thereof.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office of The Registrar

171 White Plains Road, Bronxville NY 10708

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Email: Registrar@concordia-ny.edu

FOR OFFICE USE ONLY

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_