

Emory University, Emory Continuing Education (ECE) please print clearly & provide all information requested

Are you currently receiving or have you ever received GI Bill Benefits: _____

If yes, when & where: _____

Circle which you have received:

Enrollment Certification for: Chapter 32 (VEAP) | Chapter 31 (REHAB) | Chapter 1607 (REAP) | Chapter 1606 (Montgomery GI Bill Selected Reserve) | Chapter 30 (Montgomery GI Bill) | Chapter 35 (Dependents' Educational Assistance)

Full Name: _____ Relation to Veteran: () self () spouse () dependent () If not

the Veteran give full name of Veteran: _____

ECE Program: _____

Start Date: _____ Expected Completion Date: _____ # of class hours / week: _____

Veteran's Date of Birth: _____ Veteran's file number or SSN: _____

Percent of Eligibility: _____ Date benefits expire: _____ Are you on active duty? () Yes () No

Email address: _____ Cell #: _____

Alternate contact name: _____ Cell #: _____

Email address: _____

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- ✓ I agree to accept liability and assume responsibility for any overpayments that result from my failure to officially notify the ECE Certifying Official Gerald Clay gerald.clay@emory.edu immediately of any changes in enrollment status such as withdrawing from a class, missing a scheduled class or class session or change of program.
 - ✓ I understand that my benefits from the VA may vary based on my enrollment.
 - ✓ I understand that I will not be paid for excessive elective courses, previously passed courses, or other courses that do not qualify for VA benefits.
 - ✓ I understand that I receive benefits only for courses that must be completed to meet program completion requirements at ECE.
 - ✓ I have submitted a Certificate of Eligibility (COE) to the ECE Certifying Official as required by ECE.
 - ✓ I understand that continued eligibility for VA educational benefits relies on my meeting the VA satisfactory progress standards.
 - ✓ I certify that all information contained herein is complete and correct. I authorize ECE to release my academic information to VA to determine my eligibility for educational benefits.
 - ✓ **I understand that I must complete this form at the start of my program and I will not be certified with the VA until I have returned this form to the ECE Certifying Official (Gerald Clay).**

Signature of Student

Date

Questions? Contact Gerald Clay, gerald.clay@emory.edu, 404-727-9543 (p), 404-727-3474 (f), 6 Executive Park Dr. NE, Suite 100

Signature, received by ECE Certifying Official: _____ **Date** _____