

REQUEST FOR VETERAN ENROLLMENT CERTIFICATION	 HAWAI'I PACIFIC UNIVERSITY	For Official Use Only Date Received: _____ Cert Completed: _____ Notes/Comments: _____
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NAME: _____ **HPU ID:** _____ **TERM:** _____

PHONE: _____ **EMAIL ADDRESS:** _____

MAILING ADDRESS *(if changed since last certification)* _____

Is this a change in degree since your last certification?

DEGREE/MAJOR: _____ *If so, you must attach VA form 22-1995* Yes No

CHECK THE VA EDUCATIONAL BENEFITS YOU ARE CLAIMING:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chapter 30 (Montgomery GI Bill) | <input type="checkbox"/> Chapter 31 (Vocational Rehabilitation) | <input type="checkbox"/> Chapter 33 (Post 9/11 GI Bill) |
| <input type="checkbox"/> Chapter 35 (Survivor/Dependent DEA) | <input type="checkbox"/> Chapter 1606 (Reserve National Guard) | <input type="checkbox"/> Chapter 1607 (Activated Reserve/REAP) |

CHECK IF ANY OF THE FOLLOWING APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Are you currently on active duty? | <input type="checkbox"/> Are you receiving any Military TA, ROTC, or MYCAA funds this term?
(Please attach) |
| <input type="checkbox"/> Have you separated since the last term? (attach DD-214) | <input type="checkbox"/> Are you eligible and applying for Yellow Ribbon scholarship funds |
| <input type="checkbox"/> Will you be separating this term? ETS _____ | <input type="checkbox"/> Is this your first enrollment for this chapter of VA benefits? (If so, attach your COE, VONAPP receipt, or VA form 22-1905) |
| <input type="checkbox"/> Have you changed schools (transferred) since your last certification? (If so, attach VA form 22-1995) | If Concurrent, HPU is your:
<input type="checkbox"/> Parent <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Are you concurrently enrolled at another school? Other School: _____ | |

REGISTERED COURSE(S) (ex. BIOL 1000)	CREDIT(S)?	REQUIRED? Y/N	REPEAT? Y/N	CAMPUS/ONLINE

Name of Academic Advisor: _____

By signing this form, I affirm that the information I have provided is accurate, and I understand that (Initial each line):

- _____ 1. All of the above-listed courses are eligible for certification to the VA and are required for my degree program;
- _____ 2. It is my responsibility to notify the HPU VA Coordinator of any changes to my registration (adds/drops), tuition, or fees;
- _____ 3. If I drop or fail a course, I may be required to repay the benefits I have received (including housing) for the course; and
- _____ 4. I am personally obligated to pay any debts to the University resulting from reductions or terminations of enrollment or Veteran benefit eligibility regardless of original method of payment.
- _____ 5. Failing a class due to non-attendance, including not participating in online classes, will result in Last Day of Attendance being reported to VA resulting in possible VA debt, including a repayment of housing payments

Student Signature: _____ **Date:** _____

We cannot accept this form without your signature, and you will not be certified for VA benefits without this form. It is your responsibility to submit and verify receipt of this form every semester or term for processing. You may print, sign, scan, and email this form, with all requested attachments, to va@hpu.edu. You may also fax to (808) 544-0285, mail, or drop off forms in person at the above address or an MCP base campus location. If faxing, please call us at (808) 356-5222 to verify receipt of the fax. You will receive an email confirmation when your certification is sent to the VA.

MILITARY VETERANS CENTER | 1164 BISHOP ST STE 912 | HONOLULU, HI 96813 | P: (808) 356-5222 | F: (808) 544-0285 | E: VA@HPU.EDU

HAWAI'I PACIFIC UNIVERSITY