

**You Belong!**  
ccsj.edu**Request for Enrollment Certification of VA Benefits****\*\*IMPORTANT: YOU WILL NOT BE CERTIFIED FOR VA BENEFITS UNTIL YOU COMPLETE AND RETURN THIS FORM\***

This form will be used by school officials to certify your anticipated attendance at CCSJ. The VA will be notified that you plan to attend school during the periods you specify. Initially, payments will be based on the credit hours you indicate. The Office of the Registrar will monitor your actual enrollment. If actual enrollment differs from the hours indicated below, adjustments in your VA educational assistance will be made about two weeks after registration, effective the date of the adjustment.

Chapter (Check One): #30  #31  #33  #35  #1606  #1607 Name: \_\_\_\_\_ VA File No.: \_\_\_\_\_  
Last First Middle

Soc. Sec. No.: \_\_\_\_\_ CCSJ ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Phone number (cell): \_\_\_\_\_

**Please mark the appropriate response and specify number of hours:**I will enroll **Summer 2021** YES  NO  NUMBER OF HOURS \_\_\_\_\_  
I will enroll **Fall 2021** YES  NO  NUMBER OF HOURS \_\_\_\_\_I am earning credits toward (check one): Assoc.  Bac.  Grad.  Other  Anticipated graduation date \_\_\_\_\_

Major area of study: \_\_\_\_\_

Have you received VA Benefits while attending CCSJ in the past? YES  NO   
If yes, what year? \_\_\_\_\_ If not, have you received them at another school? YES  NO 

If you have received VA Benefits at another school or an apprenticeship program:

What school? \_\_\_\_\_ Last date of attendance \_\_\_\_\_ (Month/Year)

You are encouraged to register and utilize *eBenefits* [<http://www.ebenefits.va.gov/>] to assist in the following:

- Obtaining up to date information on your educational entitlement
- Updating your Direct Deposit and personal contact information
- Downloading VA letters and personal documents
- Viewing the current status of your payments (both education and disability)

*I understand I am responsible for repaying any overpayment of educational benefits. Also, I understand I am responsible for keeping the school informed of my current status, especially any changes in the above schedule, through the established procedures for registration drops, adds, withdrawals, and any change in program. I affirm I have verified through eBenefits the current status of my educational entitlement.*

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

This form can be emailed or mailed to:

Office of the Registrar, Diana Francis  
Calumet College of St. Joseph  
2400 New York Avenue  
Whiting, IN 46394Email form to [dfrancis@ccsj.edu](mailto:dfrancis@ccsj.edu)