Veterans Benefit Notification

As a GI Bill Recipient, you are responsible for submitting enrolled hours to Veterans Services in order to be certified for the upcoming semester. Please complete this form and return it to our office. Without a completed form, an enrollment certification cannot be transmitted to the St. Louis Regional Processing Office. PLEASE RETURN FORM TO: Veterans Services; Eastern Illinois University; 600 Lincoln Avenue; Charleston, IL 61920-3099.

___________________________________  E#______________________________
Name

Actively Drilling: yes______ no______

___________________________________  GI Bill Chapter: Check One
EIU Email address

Montgomery GI Bill Chapter 30_______

Fall 20_______ Hrs__________

Selected Reserves Nat'l Guard 1606_____

Reap (Activated Nat'l Guard) 1607_______

Do you have a kicker? ______ Amt______

Dependent Chapter 35_______________

Post 9/11 – Chapter 33_______________

Please Note: Non-standard length classes may alter your payment from the VA.

Major_________________________ Minor ________________________

REMINDER: ONLY THE CLASSES REQUIRED FOR COMPLETION OF YOUR MAJOR WILL BE CERTIFIED.

Have you changed your major since the last certification? _____Yes _____No
Have you changed your degree program?
Have you changed your place of training?
(If yes, please come to our office and fill out additional forms.)

Has your address changed since the last certification? _____Yes _____No
(If yes, please contact the VA at 1-888-442-4551 and give them the new address)
(If yes, please visit the RECORDS OFFICE at EIU and update their information)

Are any of your enrolled courses repeat courses? _____Yes _____No
If yes, please list them:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you are eligible for a Scholarship (IVG, ING OR TA) it is your responsibility to notify this office.
This form is for monthly GI Bill Benefits only.

Student’s Signature: _________________________________ Date: _______________