

## **VA Educational Benefits Certification Information**

Name:		
First	Middle	Last
Street Address:		
City, State, Zip:		
Phone Cell:		:/Other:
Creighton NetID:	SSN	·
Creighton College or Scho	ol:	
☐ College of Arts & Sciences	s ☐ Heider College of Busines	s □ College of Professional Studies
☐ College of Nursing	☐ Graduate School	☐ School of Dentistry
☐ School of Medicine	☐ School of Law	☐ School of Pharmacy & Health Professions
Please specify the degree or	certificate you are pursuing (e.	x. BA, BSBA, BSN)
VA Program of Eligibility:		
□ CH 30 (MGIB)	☐ CH 31 (VR&E)	☐ CH 1606 (MGIB - Selected Reserve)
□ CH 35 (DEA)	DEA File Number	
☐ CH 33 (Post-9/11 GI Bill)	Yellow Ribbon – 100% Eligible? ☐ Yes ☐ No	
NOTE: Creighton currently participate Pharmacy & Health Professions and S		ergraduate Colleges, Graduate School, School of Law, School of
Have you received VA educa	ition benefits at another college	e or university? □ Yes □ No
If yes, where?		
Military Information:		
☐ Active Duty* ☐ Vetera	n □ Reserve/National Gua	ard* ☐ Military Spouse ☐ Dependent
* If Active, Reserve, or Nation	nal Guard, are you using Milita	ry Tuition Assistance or Top-Up? ☐ Yes ☐ No
* If Active Reserve or Nation	nal Guard I will speak with my	Education Services Officer (ESO) prior to enrollmen

## **Certification Authorization:**

I request enrollment certification for use of Veterans Education Benefits. It is my responsibility to apply for eligibility with the VA and be aware of my eligibility and benefits and will notify the Office of Military and Veterans Affairs of any changes to my eligibility status.



I will immediately report any changes to my class schedule made after of my initial registration for each semester/term to the Office of Military and Veterans Affairs. I understand that reducing my credit hours after my enrollment has been certified to the VA may result in an overpayment. If so, I will be held responsible for paying any outstanding debt to the VA and/or to Creighton University.

If for any reason someone other than me contacts the Office of Military and Veterans Affairs regarding my VA enrollment certification, I must authorize the individual access to my educational records via my NEST account before any information is able to be shared. This action is required by law as student records are protected by the federal Family Educational Rights and Privacy Act (FERPA) which affords students certain rights with respect to their education records.

I grant permission for Creighton University to certify my enrollment and submit grade information to the VA and other state/federal agencies as required. So long as I remain continuously enrolled for subsequent semesters, Creighton University's School Certifying Official (SCO) will certify my enrollment with the VA. This will be automatic unless I inform the Office of Military and Veterans Affairs (<a href="mailto:veterans@creighton.edu">veterans@creighton.edu</a>) that I do not wish to be certified for a particular course, term, and/or semester or if the coursework is not required for my degree program or elective requirements.

Signature	Date
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Please return <u>both</u> pages of this form, along with a copy of your Certificate of Eligibility/Notice of Basic Eligibility, to:

Mail: Office of Military and Veterans Affairs

Creighton University 2500 California Plaza Omaha, NE 68178

Email: veterans@creighton.edu

If you have questions, please contact the Office of Military and Veterans Affairs at (402) 280-4063.