

Veteran Enrollment Certification



BON SECOURS MEMORIAL COLLEGE OF NURSING

Office of the Registrar

This form must be completed and submitted in advance of each semester.

Legal Name _____
Last First MI

SONIS ID _____ VA File Number _____ Term Fall _____ Year 20 _____
Spring _____ Summer _____

► **Check the VA Educational Benefit you are Claiming**

- | | | |
|-------------------------------------|--|---------------------------------------|
| Chapter 30 (Montgomery GI Bill) | Chapter 31 (Vocational Rehabilitation) | Chapter 33 (Post 9/11 GI Bill) |
| Chapter 35 (Survivor/Dependent DEA) | Chapter 1606 (Reserve/National Guard) | Chapter 1607 (Activated Reserve/REAP) |
| Other _____ | | |

► **Check All That Apply**

- I am currently on active duty or active orders. I am receiving Military TA, ROTC, or MyCAA for this term.
- I have separated since last term (attach DD-214 to this form). I will be separating this term. ETS _____
- I am currently a Bon Secours employee receiving a tuition discount.
- This is my first enrollment for this chapter of VA benefits at BSMCON (Certificate of Eligibility should accompany this form).
- I am concurrently enrolled at another school. Please list school here and courses below _____

Registered Courses (ex. NUR 1100)	Number of Credits	Required Course?		Repeat Course?	
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No

By signing this form, I affirm that the information I have provided is accurate and I understand that:

- All of the above listed courses are eligible for certification to the VA and are required for my degree program;
- It is my responsibility to notify the BSMCON Certifying Official of any changes to my registration (adds/drops);
- If I drop or fail a course, I may be required to repay the benefits I have received (including housing) for the course; and
- I am personally obligated to pay any debts to the College resulting from reductions or terminations of enrollment or Veteran benefit eligibility or original method of payment.

Student Signature _____ Date ____/____/20____

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: Shawn_Ruppert@bshsi.org. You may also fax, mail or drop off forms in person at the address listed below. You will receive an email confirmation when your certification is sent to the VA.