UNIVERSITY OF NEBRASKA-LINCOLN
VA Certification Information
107 Canfield Administration
Lincoln, Nebraska 68588-0416
402.472.4130 (Phone) 402.472.8220 (Fax)

Name _____ **Local Phone** _____
Permanent Address _____ **Social Security #** _____
City, State, Zip _____ **UNL Student ID #**_____
(Students Need to Report Address Changes Directly to the VA at 1-888-442-4551)

VA PROGRAM

Chapter 30 _____ Currently On Active Duty?____ Chapter 33(Post9/11 Veteran)_____
Chapter 31 (VOCR)_____ Chapter 33 (Dependent/Spouse) _____
Chapter 1606 (Guard/Reserve) _____ Chapter 1607 (REAP)_____
Chapter 35 (Dependent/Spouse)_____ Chapter 35 File #_____

	YES	NO
Have you completed an online application (VONAPP) to receive VA Benefits?	____	____
Have you received or drawn VA Education Benefits at another school?	____	____
If YES, when-and-where ?_____		
VETERANS: Have you submitted a DD 214 or military transcripts to Admissions?	____	____
Have you drawn benefits at UNL before? If YES, When:_____	____	____
If YES, have you changed your major or college since you were last certified?	____	____

DEGREE INFORMATION: College _____Major_____

Dates of enrollment: FALL _____ _____ SPRING_____ _____
Year Total Enrolled Hours Year Total Hours

SUMMER_____ 3-Week ____ 1st 5-Week _____
Year 8-Week ____ 2nd 5-Week _____

	YES	NO
Are any of these enrolled courses replacing C-, D, F, I or NR grades?	____	____
If Yes, list courses and previous grade received:_____		
Is this replacement course required for your major or minor?	____	____
Are you currently registered at another institution?	____	____
If YES, where?_____		

UNL (Distant Ed) EXTENDED EDUCATION & OUTREACH ENROLLMENT:
Course(s) _____ **Credit Hours** _____
Begin date _____ **End Date** _____

I understand that it is my responsibility to **notify the UNL Veterans' Clerk of **any changes** in my class schedule.
I understand that I **NEED** to submit this form for each new term of enrollment for VA Education Benefits.
My signature below certifies that I understand these requirements for Enrollment Certification. **

SIGNATURE: _____**DATE:**_____

The University of Nebraska-Lincoln is an equal opportunity educator and employer with a comprehensive plan for diversity.

University of Nebraska Lincoln