

VA AUTHORIZATION FORM

Name:	
Current Address:	
Phone:	
E-mail Address:	
Degree:	
I intend to or have applied for federal and/or state financial	aid by completing the FAFSA: Yes No
Enrollment Term for which you wish to be certified: Fall	Spring Summer
Number of credits you intend to complete in the indicated t	erm:
Type and Amount or Percentage (if known) of Veterans Ed	ucational Benefits you will be receiving:
Post-9/11 GI Bill (Chapter 33)	
Montgomery GI Bill (Chapter 30)	
Montgomery GI Bill—Selected Reserve (Chapter 1606)	
Survivors' and Dependents' Educational Assistance Pro	gram (Chapter 35) Spouse Child
Vocational Rehabilitation (Chapter 31)	_
Federal Tuition Assistance	
State Tuition Assistance	
Reserve Educational Assistance Program (Chapter 1607	")
Upon initial enrollment you must also submit a copy of your financial aid office regarding alternative documentation.	DD-214. If you do not have a DD214, please speak with our
I understand that:	
All course work must be required for my approved degreeIn the case of any failing grade, the instructor will be contaIf I am a recipient of chapters 30, 1606, or 1607 benefits, I portal or by phoneI am aware that changes in my registration may alter the pI am ultimately responsible for charges to my Great Lakes for VA overpayments resulting from change in enrollment st withdrawing, or changing programsI will notify the Financial Aid office if the number of creditsI must complete this form every semester in which I wish t	ncted to verify the last date of attendance. must certify my enrollment monthly via the online WAVE rayment the VA will award me. Christian College account. I agree to assume responsibility ratus due to no longer attending, dropping, adding, I enroll in changes.
Signature	. — — — — — — — — — — — — — — — — — — —