

## Enrollment Certification Request for Military Education Benefits

Please complete this form and submit with a copy of your Certificate of Eligibility from the U.S. Department of Veterans Affairs to the:

Office of Student Accounts: Military Benefits  
 Phone: 800.595.6938 option 2,3  
 Fax: 312.488.6336  
 Email: [militarybenefits@thechicagoschool.edu](mailto:militarybenefits@thechicagoschool.edu)  
 Website: [www.thechicagoschool.edu](http://www.thechicagoschool.edu)

By submitting this information, you are informing The Chicago School of when to start certifying your enrollment to the VA. The Chicago School will continue to certify your enrollment with the VA as long as your student status remains active and you are eligible for benefits.

For more information, see our website: <https://www.thechicagoschool.edu/why-us/service-members-veterans-dependents/>

Last Name:	First Name:	Preferred Name:	Pronouns:
Address, City, State, Zip:			
Email:		Phone:	
Type of benefit: <input type="checkbox"/> Ch. 30 (MGIB) <input type="checkbox"/> Ch. 1606 (MGIB-SR) <input type="checkbox"/> Ch. 1607 (REAP) <input type="checkbox"/> Ch. 35 (DEA) <input type="checkbox"/> Ch. 31 (VR&E) <input type="checkbox"/> Ch. 33* (Post 911 GI Bill) <input type="checkbox"/> Ch. 33* (Transfer of Entitlement) <input type="checkbox"/> Ch. 33 (Fry Scholarship) <input type="checkbox"/> TA <input type="checkbox"/> Top-up <input type="checkbox"/> Other			
VA File # (with letter or # suffix) (Ch. 35 only):	Military Branch:	Check all that apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Active/Reserves Eligible Family Member: Relation- _____	
Ch. 35 only: Veteran's Last Name	Veteran's First Name	Veteran's SSN	

Program type:  Certificate  B.A.  M.A.  M.S  Ed.S.  Psy.D.  Ph.D.

Program Name:

**Term to start certifications**

On Ground programs: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Online-blended programs: <input type="checkbox"/> Fall I <input type="checkbox"/> Fall 2 <input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II
Number of credit hours expected to enroll first semester:	Starting Year

\*Students claiming benefits under the Post 9/11GI Bill might be eligible for additional funds through the Yellow Ribbon Program. Only veterans entitled to the maximum benefit rate (based on service requirements) or their designated transferees may receive this funding. Effective Aug. 1, 2022, active duty service members may participate in the Yellow Ribbon Program. Spouses are not eligible for this program (child transferees of active duty service members may be eligible if the service member is qualified at the 100% rate).

I understand that:

- All course work must be required for my approved degree in order to receive VA benefits.
- I must notify the School Certifying Official of any changes in my enrollment (made after the add/drop deadline of each term/semester) and that such changes could impact my level of educational benefits including potential repayment of any overpayment.
- I am responsible for payment of the tuition and fees posted to my account.
- I have read the Military Education Benefit page on the school's website and understand my responsibilities when participating in this tuition assistance process.

By checking this box I acknowledge that typing my name below will serve as my electronic signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form and all supporting documents to [militarybenefits@thechicagoschool.edu](mailto:militarybenefits@thechicagoschool.edu).**