

2022–2023 VA Enrollment Certification Request



Student's Name: _____ Colleague ID: _____

Student's Degree Program/Declared Minor(s): _____ Semester/Year: _____

Students are required to complete this form each semester after registering for courses. Students will not be certified for VA Benefits unless this form is turned into the Office of Financial Aid. **If your class schedule changes after this form has been submitted, it is the student's responsibility to communicate those changes with the Office of Financial Aid.**

List below all courses you are taking for the semester. Indicate if they apply to your degree program or declared minor, course modality, credit hours for each course and total credit hours for the term. **VA will only pay benefits for required major or minor courses.**

COURSE CODE AND SECTION	MAJOR/MINOR/EXTRA COURSE	ONLINE/HYBRID/RESIDENT (IN-PERSON)	CREDIT HOURS
TOTAL CREDITS FOR THE TERM:			

STUDENT SUCCESS ADVISOR OR REGISTRAR SIGNATURE:

You must have your Student Success Advisor or Registrar sign this form, indicating that all of the course enrollment information above is accurate, including applicability toward degree program requirements, course modality and credit hours.

Student Success Advisor or Registrar (Please Print) Student Success Advisor or Registrar Signature Date

BY INITIALLING THE STATEMENTS BELOW, I CERTIFY THAT I AGREE:

- ☐ I understand that any credit reduction after the 100% Refund Period could result in a debt to DigiPen Institute of Technology, hereby freezing my student account from future course registration until that debt has been paid.
- ☐ I understand that any non-punative grade (W, NP) at the end of the semester could result in a debt to DigiPen Institute of Technology, hereby freezing my student account from future course registration until that debt has been paid.

BY SIGNING THIS WORKSHEET, I CERTIFY THAT:

- All the information reported is complete and accurate at this time.
- I understand that if my registration changes after submitting this form, it is my responsibility to communicate those changes to the School Certifying Official (contact information below).

Student Signature: _____ Date: _____

OFFICE OF FINANCIAL AID

9931 Willows Road NE, Redmond, WA 98052 | Phone: (425) 629-5002 | Email: veteranbenefits@us.digipen.edu

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