A Graduate School of National Security and International Affairs
THE INSTITUTE OF WORLD POLITICS
Office of the Registrar ◊ 1521 16th St, NW ◊ Washington, DC 20036
www.iwp.edu ◊ 202.462.2101◊ Fax: 202.464.0165

REQUEST FOR CERTIFICATION OF ENROLLMENT FOR VA BENEFITS

Please complete all sections of this form and submit (via in-person or fax) to the Registrar's Office.
To ensure timely processing of your VA Benefits, complete this form after registering for your classes and at least 8 weeks before the start of classes. **This form must be completed and submitted each semester of your enrollment at IWP if you are using VA benefits.**

This form is: ☐ The Initial Form for Semester ☐ An Updated Form (Reporting Changes in Enrollment)
Name: _____ SSN: _____
Last First M.I
Address: _____

Phone: _____ Email: _____ Degree Program: _____

VA Claim Number (Chapter 35 only): _____
Currently I am: ☐ Active Duty ☐ Reservist ☐ National Guard (State): _____

VETERANS EDUCATION BENEFITS FOR WHICH YOU ARE APPLYING (check one)

☐ Ch 30 Montgomery GI Bill ☐ Ch 31 Vocational Rehabilitation ☐ Ch 33 Post 911-GI Bill
☐ Ch 35 Dependent ☐ Ch 1606 Montgomery GI Bill-Selected Reserve ☐ Ch 33 Post 911-GI Bill (Yellow Ribbon)

Are you using TA? Yes or No
**IF YES, CONTACT THE BUSINESS OFFICE FOR TA PROCESSING AND APPROVAL. PLEASE ATTACH A COPY OF YOUR TA FORM TO THIS REQUEST.

If you qualify, do you wish advance pay? ☐ Yes ☐ No If yes, please read and initial the following: "I am aware that if I request advance pay, I will receive a check at the start of the term and will not receive another check until approximately 3-4 months later." _____(initials)

ENROLLMENT INFORMATION

Semester: _____ Year: _____ Number of Credits: _____
First time VA benefits at IWP: ☐ Yes ☐ No
Have you changed majors/specializations at IWP in the past two semesters: ☐ Yes ☐ No *if yes, you must complete VA Form 22-1995 or 22-5495 (Ch 35) if not already submitted*

STATEMENT OF UNDERSTANDING

- **I must be registered for classes before submitting this form.**
- EACH TERM, I must submit this form to the IWP Registrar's Office (VA Certifying Official) for each semester of eligibility for VA educational benefits. Otherwise, I may not be certified and may not receive benefits. Also, for Chapters 30, 33, and 1606-I must certify myself monthly with the VA by either visiting the VA website at http://www.gibill.va.gov/wave or by calling 1-877-823-2378.
- I must provide copies of the following documents to the VA certifying official along with this form: My DD-214 (if applicable).
- I must immediately report any changes in enrollment (course add/drops) to the IWP VA Certifying Official, and to provide substantial explanation for dropping classes or withdrawing from a class. Note that a reduction in credit hours may result in a change in eligibility for benefits even after disbursement has occurred.
- VA benefits may be discontinued if I fail to maintain satisfactory academic progress/attendance towards completion of my program of study. I further understand that Incomplete (I) grades must be completed by the end of the subsequent semester or VA benefits may be reduced or interrupted.
- VA pays tuition for eligible students directly to IWP pertinent to eligibility for Chapters 31, 33, and active duty TA educational benefits.
- I am responsible for paying any charges (tuition and fees) that are not covered by my Veteran's benefits.
- The information containted in this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____