



†-u-k° VoENROLLMENT CERTIFICATION

STUDENT DATA FORM

Your Information:

Name: Emory Student ID:

Address: Phone:

City: State: Zip: Email:

VA File # or SSN: VA Benefit I am eligible to receive:

I am a: Veteran If you are using Chapter 35 DEA benefits please include the SSN of your benefactor: Eligible Family Member or Spouse

Please choose one:

- I am a continuing Emory University student who attended the previous semester.
I am a new Emory University student, and I have never used VA benefits.
I am transferring to Emory University from another institution, and I have used benefits at my previous institution.
I am a former Emory student who has decided to return.

Enrollment Certification Term:

Term: FALL SPRING SUMMER YEAR
School within Emory: Major: Expected Graduation Date:

- I agree to accept liability and assume responsibility for any overpayments...
I understand that my benefits from the VA and Yellow Ribbon may vary...
I understand and agree to be responsible for the overpayment...
I understand that I will not be paid for excessive elective courses...
I have submitted a COE to the Registrar...
I understand that continued eligibility for VA educational benefits...
I certify that all information contained herein is complete and correct...
I understand that upon the start of my attendance the University will not communicate...
I understand that I must complete this form at the time of enrollment...

Signature: Date:

Print, sign, and submit form to: Emory University, Office of the Registrar, 100 Boisfeuillet Jones Center, 200 Dowman Drive, Atlanta, GA 30322 • Fax: 404.727.4997 • Phone: 404.727.6042
Please direct questions to our email address: registr@emory.edu.