



Initial notification of enrollment for VA educational benefits degree programs

Please submit your Certificate of Eligibility along with this form to Student Financial Services in person, by mail, or fax. Unfortunately, we are unable to accept this form via email. Please submit one form for each degree or benefit chapter. If you have questions, or are enrolling in a non-degree program, email us at va@mit.edu. Students who are eligible for Ch. 31, Veteran Readiness and Employment (Voe. Rehab) should contact sponsored billing at dandre@mit.edu.

Student Information

Name

Last

First

Middle

Address

Please check here if your VA file number is the same as your Social Security Number.

If we do not yet have your Social Security Number on file, please add it through your WebSIS account. If your VA file number is not your SSN, please fax this information to us at 617.648.9968. Due to privacy and security regulations, we are unable to accept your SSN via email.

MIT ID #

Email

Degree Information

I am currently enrolled or plan to enroll as: Undergraduate Graduate

I am currently: Veteran Dependent/spouse Dependent/child

Reservist National Guard

Active duty: Anticipated date of separation from service (mm/dd/yy):

I am eligible for benefits under: Ch. 33 (Post 9/11) Benefit %

Ch. 35 Dep/Sur

Other

Name of department or program:

Start date (mm/dd/yy):

Expected grad date (mm/dd/yy):

We will email you prior to the start of each academic period to verify your enrollment and expenses for the term.

Statement of Understanding

Select this box if you believe you are eligible for Yellow Ribbon (YR) benefits and you would like the SCO to certify you. Also note that even though you are requesting YR, the VA will make the final decision as to whether or not you are eligible for this program. MIT requires submission of an updated COE in order to start this process. If you'd like to learn more about YR funding please visit [the VA website](#).

- **I must complete and submit this form to the MIT School Certifying Official once, unless I change degree level or chapter benefits**
- **I understand that I must certify my enrollment with the Veteran's Administration every month in order to receive my benefits under Chapters 30, 35, and 1606, at [the VA website](#) or 877.823.2378**
- **I understand that a reduction in credit hours or net allowable costs may result in a change in eligibility for benefits even after funds have been disbursed. I understand that I am responsible for paying any MIT charges resulting from a change in enrollment or VA eligibility**
- **The information on this form is true and correct to the best of my knowledge**

Signature:

Date: