



# CROWN COLLEGE

## VETERANS REQUEST FOR ENROLLMENT CERTIFICATION

### DIRECTIONS

Check all boxes that apply to you and provide additional information as requested. Complete this form to request enrollment certification annually. Please note that college-assigned email addresses are the official means of communication, so check your account frequently throughout the year. Your Social Security number is required to enter you into the Department of Veterans Affairs records system.

### RETURN TO:

Crown College Registrar's Office  
8700 College View Dr  
St. Bonifacius MN 55375

Email: [registrar@crow.edu](mailto:registrar@crow.edu)  
Phone: 952-446-4450  
Fax: 952-446-4329

| PART 1: Student Background  |   |  |
|---|---|--|
| Student ID Number   | Name (Last, First, MI)  | Major  |
| Address (street, apartment number or P.O. Box, city, state, zip code)   |   |  |
| Crown College Email Address<br>@students.crown.edu  | Phone Number<br>( )   | Are you currently serving on active duty? <input type="checkbox"/> yes <input type="checkbox"/> no |
| PART 2: Benefit Programs  |   |  |
| Academic Program:<br><input type="checkbox"/> School of Arts and Sciences <input type="checkbox"/> School of Online Studies <input type="checkbox"/> Graduate School  |   |  |
| Benefit Program<br><input type="checkbox"/> Chapter 30 Active Duty <input type="checkbox"/> Chapter 1606 <input type="checkbox"/> Chapter 1607<br><br><input type="checkbox"/> Chapter 31 Voc Rehab   | Expected benefit per month<br>\$  | Kicker, buy-up or college fund<br>\$   |
| <input type="checkbox"/> Chapter 33 Post-911 GI Bill<br>Expected percent of eligibility _____ %<br><input type="checkbox"/> I am a spouse/child using a transfer of benefits<br>VA file no. of veteran (usually SSN) _____  | <input type="checkbox"/> Chapter 35 Survivors and Dependents<br>VA file no. of veteran (usually SSN) _____                                      |  |
|   | <input type="checkbox"/> Federal Tuition Assistance <input type="checkbox"/> MN GI Bill<br><input type="checkbox"/> State Tuition Reimbursement |  |
| Semester/Year certification requested: <input type="checkbox"/> fall 20____ <input type="checkbox"/> spring 20____ <input type="checkbox"/> summer 20____   |   |  |
| Have you ever been certified for VA educational benefits at Crown College? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |  |
| If no, have you ever been certified for VA educational benefits at another college/university? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |  |
| If yes: college name _____ last term _____ year _____   |   |  |
| If no, have you ever applied to the VA for educational benefits? <input type="checkbox"/> yes <input type="checkbox"/> no   |   |  |
| PART 3: Student Certification   |   |  |
| My signature below authorizes Crown College to notify the Department of Veterans Affairs (VA) of any changes in my Crown College student status. I will notify the Registrar's Office of any changes in my enrollment. I acknowledge that I must provide my Social Security number (SSN) to certify my enrollment at the College. |   |  |
| Student Signature   | SSN   | Date   |

### OFFICE USE ONLY

|   |      |
|---|------|
| Application/Change Form Submitted: <input type="checkbox"/> paper – date sent: _____ or <input type="checkbox"/> VONAPP – date submitted: _____                                   |      |
| Documentation Received: <input type="checkbox"/> DD 214 <input type="checkbox"/> kicker agreement \$ _____ <input type="checkbox"/> military orders <input type="checkbox"/> NOBE |      |
| Staff Initials  | Date |