



## Confirmation of Enrollment for Students Receiving Veteran's Benefits

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The Office of Admissions and Records (A&R) is responsible for certifying students receiving VA educational benefits. To remain in compliance, A&R must collect supporting documentation each semester verifying that the student is certified for courses that apply specifically to his/her degree program. As the veteran, you are required to complete this form, have it signed by the appropriate College representative, and return it to A&R each semester prior to your enrollment certification being processed. Please review the form and student certifications carefully.

**For more information or to return the completed form, contact:**

Office of Admissions and Records  
1105 North Stonewall Avenue  
Robert M. Bird Health Sciences Library, Room 121  
Oklahoma City, OK 73117  
Phone: 405-271-2359  
Fax: 405-271-2480

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**Bursar Notifications:**

A financial obligation is incurred at the time a student elects to register. Registration may be canceled without financial obligation at any time before the scheduled first day of classes. During the first two weeks of a semester or first week of a summer session, students may register or add classes with an additional fee. A student establishes a student account with the Bursar's Office for the sole purpose of financing his or her education. Any charge on a student's Bursar account is an educational benefit overpayment made by the University of Oklahoma and will be considered non-dischargeable in bankruptcy.

All payments for delinquent accounts must be made in cash, cashier's check or money order. Delinquent accounts may be referred for collection action to Legal Counsel or its designee. In such cases, the student is responsible for any collection costs or fees, including attorney's fees, assessed to his/her delinquent account.

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**Important VA regulations governing your benefits:**

a. Public Law 94-502, implemented by Department of Veterans Benefits Circular 20-76-84, Appendix M, revised, effective December 1, 1976, prohibits the Veterans Administration (VA) from paying educational benefits for courses not required for completion of a veteran's educational, professional, or vocational objective. Schools are required to have a system to ensure that credit hours certified to the VA for payment purposes directly apply to the veteran's stated objective.

b. Each VA beneficiary must have a specific objective shown on the enrollment certification. (Reference VA Regulation 14203b).

c. Failure to certify previous credit on enrollment certification. Prior training countable toward a student's objective should be evaluated and reflected in the previous credit section of the enrollment certification submitted to the VA. If the student is a transfer student, the school is allowed one semester to evaluate and notify the VA of prior training credit granted. If the student has been out of school for one year or more, previous credit should again be certified.

d. Courses completed that meet the college's minimum standards for credit toward an objective cannot be repeated and certified to the VA for payment of benefits (Reference Appendix "M" of DVB Circular 20-76-84).

e. Failure to notify the VA when a veteran ceases to maintain satisfactory progress. In accordance with Public Law 95-202 and in compliance with Appendix "O" revised of DVB Circular 20-76-84, this university will report to the VA any veteran or veteran dependent that has received unsatisfactory grades.

f. Failure to report non-punitive grades assigned. In accordance with Public Law 95-202 and compliance with Appendix "O" revised of DVB Circular 20-76-84, this university will report to the VA all non-punitive grades assigned at the termination of each academic semester.

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**To be completed by student:**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Benefits Chapter: \_\_\_\_\_ Term: \_\_\_\_\_  
 \_\_\_\_\_ Degree: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Are you currently using any other type of federal or state educational benefits (not including financial aid)?

If Yes, please list (e.g. AFIT, Indian Health Services, myCAA, etc.): \_\_\_\_\_

Department	Course Number	Section Number	Credit/Clock Hours	Online Course (Check if Yes)	Physical Location	Course Dates	Repeat Course (Check if Yes)

Public Law 115-48 requires schools to report the actual zip code of any clinical rotation, externship, internship, or practicum course that is not on the OUHSC campus. If you are taking any of the above courses, please provide the zip code(s) for each course.

Course #: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Course #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Course #: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Course #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Student Certification:**

I certify I am enrolled in the courses listed above, repeated courses are indicated, and any changes to my enrollment will be reported to the Veteran's certifying official in A&R immediately. I assume responsibility for attendance in these courses. I understand this form must be completed and returned to A&R before my enrollment certification is forwarded to the Department of Veteran's Affairs.

I certify I understand, even though I am eligible for VA benefits, I maintain full responsibility for all financial obligations to the University as well as any overpayment debt created by the Department of Veteran's Affairs. I certify I have read and understand the Bursar certification on the previous page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Academic Counselor**

I certify all courses listed above are applicable toward the student's degree program except: (please list courses not applicable):  
 \_\_\_\_\_

Total number of hours for the **degree program**: \_\_\_\_\_

Total number of **transfer credit hours** approved for the HSC degree program (Applicable from previously attended institutions): \_\_\_\_\_

Total number of hours student has completed toward the **degree requirements** (not including transfer hours above): \_\_\_\_\_

**Academic Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_