

**VA Educational Benefits Certification Information**

Name: \_\_\_\_\_  
*First Middle Last*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Work/Other: \_\_\_\_\_

Creighton NetID: \_\_\_\_\_ SSN: \_\_\_\_\_

**Creighton College or School:**

- College of Arts & Sciences    Heider College of Business    College of Professional Studies  
 College of Nursing    Graduate School    School of Dentistry  
 School of Medicine    School of Law    School of Pharmacy & Health Professions

Please specify the degree or certificate you are pursuing (ex. BA, BSBA, BSN). \_\_\_\_\_

Will you be using Creighton's student health insurance?    Yes    No

**VA Program of Eligibility:**

- CH 30 (MGIB)    CH 31 (VOC REHAB)    CH 32 (VEAP)    CH 1606 (Selected Reserve)  
 CH 1607 (REAP)    CH 35 (DEA)   File Number \_\_\_\_\_  
 CH 33 (Post 9/11 GI Bill)   Yellow Ribbon – 100% Eligible?    Yes    No

*NOTE: Creighton currently participates in the Yellow Ribbon Program for Undergraduate Colleges, Graduate School, School of Law and School of Pharmacy & Health Professions.*

Have you received Veteran's education benefits at another college or university?    Yes    No

If yes, where? \_\_\_\_\_

**Military Information:**

- Active Duty\*    Veteran    Reserve/National Guard\*    Military Spouse    Dependent

\* If Active, Reserve, or National Guard, are you using Military Tuition Assistance or Top-Up?    Yes    No

\* If Active, Reserve or National Guard, I will speak with my Education Services Officer (ESO) prior to enrollment.

**Certification Authorization:**

I request enrollment certification for use of Veterans Education Benefits. It is my responsibility to apply for eligibility with the VA and be aware of my eligibility and benefits, and will notify the Office of Military and Veterans Affairs of any changes to my eligibility status.



I will immediately report any changes to my class schedule made after of my initial registration for each semester/term to the Office of Military and Veterans Affairs. I understand that reducing my credit hours after my enrollment has been certified to the VA may result in an overpayment. If so, I will be held responsible for paying any outstanding debt to the VA and/or to Creighton University.

If for any reason someone other than me contacts the Office of Military and Veterans Affairs regarding my VA enrollment certification, I must authorize the individual access to my educational records via my NEST account before any information is able to be shared. This action is required by law as student records are protected by the federal Family Educational Rights and Privacy Act (FERPA) which affords students certain rights with respect to their education records.

I grant permission for Creighton University to certify my enrollment and submit grade information to the VA and other state/federal agencies as required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return both pages of this form, along with a copy of your Certificate of Eligibility/Notice of Basic Eligibility, to:**

Mail: Office of Military and Veterans Affairs  
Creighton University  
Hixson-Lied Science Building, Room G06  
2500 California Plaza  
Omaha, NE 68178

Email: [veterans@creighton.edu](mailto:veterans@creighton.edu)

If you have questions, please contact the Office of Military and Veterans Affairs at (402) 280-4063.