



BAPTIST HEALTH SCIENCES UNIVERSITY

VA Enrollment Authorization Form

Student ID _____ Term (select one): Fall 20____ SP 20____ SU 20____

I _____ (print student name) authorize Baptist Health Sciences University to certify my school enrollment with the Veterans Administration for the purpose of utilizing my GI Bill education benefits for the term indicated above.

I understand that it is my responsibility to notify my School Certifying Official (SCO) if I make any changes to my enrollment after submitting this form.

I understand that certification of enrollment does not guarantee payment of GI Bill benefits.

Please indicate the type of benefit: (check one)

Ch. 33 (Post 911 GI Bill)

Ch. 30 (MGIB)

Ch. 32 (VEAP)

Ch. 35 (DEA)

Ch. 1606 (MGB-SR)

Other _____

File Number (required for Dependent recipients): _____

Student Signature _____ Date _____

Turn in completed form to the Enrollment Services Suite or directly to Theresy Yosef (SCO) via email theresy.yosef@baptistU.edu.