



BAPTIST HEALTH SCIENCES UNIVERSITY

VA Enrollment Authorization Form

Student ID _____

Term _____

I _____ 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 _____

Student Signature _____

Date _____

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