

VA – ENROLLMENT DATA FORM (EDF)
(REQUIRED FOR EVERY TERM ENROLLED)

NAME: _____

STUDENT # _____ PHONE # _____

E-MAIL: _____

MAJOR _____

Note: All courses being certified **must** apply toward your major **on record**. VA allows one major.

- Which Chapter? () CHAPTER 30 – Montgomery G.I. Bill (MGIB – AD) () CHAPTER 33 – Post 9/11 G.I. Bill
 () CHAPTER 1606 – Selected Reserves (MGIB-SR) () CHAPTER 1607 – REAP
 () CHAPTER 31 – Vocational Rehabilitation () ACTIVE DUTY
 () CHAPTER 35 – Survivors’ & Dependents’ Educational Assistance Program (DEA)

Note: You must be certain which chapter you claim benefits under. If in doubt, please contact the VA directly for information.

Have you previously received VA benefits: () NO () YES If yes, list the last term you received benefits: _____

Where you attending UM-St Louis the last time you received benefits? () YES () NO
 If no, it will be necessary that you complete and **return to my office** VA Form 22-1995.

Term Being Certified: _____

Course #	Subject	Course Title	Credit Hrs	Required Course	Required Elective	Non- required (Will not apply towards graduation completion of above listed major)

NOTE TO ADVISOR: PLEASE DO NOT ALLOW STUDENTS TO HAND-CARRY FORM. PLEASE RETURN BY CAMPUS MAIL TO PEGGY BEMIS, 351 MSC.

ADVISOR PRINTED NAME _____

ADVISOR SIGNATURE _____ Date: _____

NOTE TO STUDENT: I HAVE READ AND FULLY UNDERSTAND WHAT IS REQUIRED OF ME AND WILL COMPLY WITH THE POLICIES AND PROCEDURES AS INDICATED. I UNDERSTAND THAT THE GRADE OF "Y" OR "EX" WILL RESULT IN AN OVERPAYMENT OF BENEFITS, AND I WILL NOTIFY THE VETERANS OFFICE IMMEDIATELY. I ACCEPT PERSONAL RESPONSIBILITY FOR ANY OVERPAYMENTS MADE AND I AGREE TO REFUND SUCH OVERPAYMENTS PROMPTLY TO THE VETERANS ADMINISTRATION REGIONAL OFFICE OR TO THE UNIVERSITY OF MISSOURI – ST. LOUIS. I FURTHER AGREE TO NOTIFY THE VETERANS AFFAIRS OFFICE OF ANY CHANGES MADE TO MY SCHEDULE WITHIN 30 DAYS OF THE OCCURRENCE. IN ADDITION TO THE ABOVE, I AUTHORIZE THE INFORMATION FURNISHED ON THIS FORM TO BE RELEASED TO THE VETERANS ADMINISTRATION REGIONAL OFFICE FOR VETERANS BENEFITS.

STUDENT SIGNATURE: _____ Date: _____

UNIVERSITY OF MISSOURI – ST. LOUIS
VA-ENROLLMENT DATA FORM (EDF)

An “EDF” (Enrollment Data Form) must be completed *each* semester you plan to receive VA Benefits and *each* time you add courses to your schedule.

Upon completion of the EDF, your coursework must be approved by your academic advisor or dean. After approval, the advisor or dean must return the EDF form to the UM-St. Louis certifying official office by campus mail.

If you have prior credit hours from another institution, you must have an audit evaluation of these hours completed by your UM-St. Louis academic advisor or dean *before* you are eligible for certification. This must be done prior to the beginning of your 3rd term of enrollment at UM-St. Louis.

Any academic changes in your curriculum or class schedule must be approved and the Veterans Affairs Regional Office (VARO) must be notified. Failure to do so will invalidate your certification for the semester.

Chapter 30. 1606 and 1607 students must self certify your enrollment at the end of each month. You may do so by calling 1-877-823-2378 or by using the on-line WAVE program accessed through the official website of the Department of Veterans Affairs Education Service: www.gibill.gov.

Should you have any questions, please do not hesitate to let me know. I can be reached by telephone: 314-516-5548 or by e-mail: Peggy_Bemis@umsl.edu.

Peggy Bemis
UM-St. Louis
VA Certifying Official
351 MSC

Remember! Your enrollment certification cannot be submitted to the VA until a completed EDF has been received by the VA Certifying Official at UM-St. Louis (Peggy Bemis, 351 MSC).

**For information on VA programs or for benefits rate information, visit the VA web site:
<http://www.gibill.va.gov/>**