



### VA EDUCATION BENEFITS APPLICATION

Veteran and Military Affiliated students are responsible for ensuring that their enrollment is certified to the VA Education Department. To do this, they must submit the Veteran Education Benefits application at least thirty (30) days before the start of the semester. It is recommended that they enroll in courses that are related to their degree plan, as classes that are not part of it will not be approved.

To ensure timely certification to the VA Education Department, all the required documents must be submitted. Students must apply each semester, and supporting documents are only required for initial certification.

#### Statement of Understanding

1. Veteran Education Benefits Application
2. Veteran's DD214
3. Student's Certificate of Eligibility/Decision Letter
4. Ch 31 VR&E recipients provide: **if applicable**
  - a. VA representative's name and email address and
  - b. The PO number provided by your VA Representative.
5. Veteran's Military Transcript
6. Proof of relationship: **if applicable**
  - a. Marriage Certificate or
  - b. Birth Certificate or
  - c. Adoption Record
7. Student's **Signed** Degree Plan

It is the responsibility of the student to submit any changes to their class schedule (adds or drops) for the semester to the School Certifying Official to adjust the certification to VA. **If the student fails to do so, they may become responsible for payment to the VA.**

I must provide the VA Certifying Official with an updated degree plan and other mandatory documents to receive VA education benefits. I acknowledge that my VA Education benefits will only be processed for coursework once I have provided the required documentation to the Veterans Representative. I am aware of my responsibility to submit all necessary documents to the Certifying Official to receive Veteran Education Benefits.

*Student Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*SCO Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**Registration Worksheet**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

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

Select Benefits:  Ch 30|  Ch 31|  Ch 33  Stem|  Ch 35| Ch 1606| Ch 1607| Other: \_\_\_\_\_

Academic/Faculty Advisor Name: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

 2nd Bachelor |  Masters |  Teacher CertificationGraduating semester:  Yes  NoChange in Degree Plan:  Yes  No Change: \_\_\_\_\_ Fall | Spring | Summer| Academic Year: \_\_\_\_\_

Total Credit Hours: \_\_\_\_\_ Tuition Total: \$ \_\_\_\_\_

<b>Course ID</b> Example: Psychology 1301	<b>Course Name</b> Intro to Psychology	<b>Method</b> Online	<b>Credit Hours</b> 3	<b>Session</b> 8W1	<b>Repeat</b> No
		<input type="checkbox"/> Online   <input type="checkbox"/> In Person		<input type="checkbox"/> Regular   <input type="checkbox"/> 8W1   <input type="checkbox"/> 8W2	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Online   <input type="checkbox"/> In Person		<input type="checkbox"/> Regular   <input type="checkbox"/> 8W1   <input type="checkbox"/> 8W2	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Online   <input type="checkbox"/> In Person		<input type="checkbox"/> Regular   <input type="checkbox"/> 8W1   <input type="checkbox"/> 8W2	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Online   <input type="checkbox"/> In Person		<input type="checkbox"/> Regular   <input type="checkbox"/> 8W1   <input type="checkbox"/> 8W2	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Online   <input type="checkbox"/> In Person		<input type="checkbox"/> Regular   <input type="checkbox"/> 8W1   <input type="checkbox"/> 8W2	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Online   <input type="checkbox"/> In Person		<input type="checkbox"/> Regular   <input type="checkbox"/> 8W1   <input type="checkbox"/> 8W2	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Read & Initial:***

\_\_\_\_\_ I will notify the School Certifying Official of any changes to my schedule after the VA Education application is submitted.

\_\_\_\_\_ I request certification of enrollment to the VA Education Department for the semester list on this application.

\_\_\_\_\_ I have registered for the courses listed above and hereby certify that they are required for my degree plan.

\_\_\_\_\_ I understand that this application expires on the final day of the semester and must be re-submitted each semester for continuing Veteran Education Benefits. **\*\*Failure to submit this application each semester may lead to dropped classes and delayed Veteran Education Benefits. \*\***