



VETERANS BENEFITS CERTIFICATION REQUEST

Please complete and submit this form to the Veterans Office in the Registrar's Office *each semester* for certification.

Note: First time requests for benefits require additional documentation. Please contact the SU Veterans Office for assistance.

1. First Time students must fill out the Application for Educational Benefits form 22-1990 or 22-5490 (Dependents Only)
2. New Transfer students must fill out the Request for Change in Program or Place of Training 22-1995 or 22-5495(Dependents Only)
Certification for benefits will not be processed until all supporting documents are completed.

Student ID Number _____

Telephone Number (indicate home/work/cell) _____

Last Name _____

First Name _____

Middle Initial _____

Address _____

City _____

State _____

Zip _____

Is this a new address/phone number? YES NO

The Veterans Office at Salisbury University uses GroupWise e-mail as the official means of communication with students. Please read your university e-mail regularly for important notifications.

SOCIAL SECURITY NUMBER _____

VA FILE NUMBER _____

(BOTH required by U. S. Veterans Administration)

Please indicate Chapter of MGIB:

- Chapter 30 Active Duty
- Chapter 1606 Selected Reserves
- Chapter 1607 Selected Reserves (Must have special Notification of Benefit Eligibility)
- Chapter 35 Dependent Educational Assistance
- Chapter 31 Vocational Rehabilitation
- Chapter 33 Post 9/11

Please indicate the semester and the number of credits for which you are registered:

- Fall Credits: _____
- Winter Credits: _____
- Spring Credits: _____
- Summer I Credits: _____
- Summer II Credits: _____

PLEASE NOTE: You must report any change in credit hours or change in major (program) to the SU Veterans Office immediately. Failure to do so may affect payment and future eligibility for benefits.

Signature of Student _____

Date _____

Signature of VA Representative _____

Date _____

For Administrative Purposes Only

Tuition _____

Fees _____

Notes _____