



OFFICE OF THE REGISTRAR

VETERANS BENEFITS CERTIFICATION REQUEST

Please complete, in BLUE or BLACK ink only, and submit this form to the Veterans Office in the Registrar's Office each semester for certification.

Is this your first semester using Veteran's benefits at SU? Yes No Semester: Fall Spring Year: 20 Su I Su II Winter

VA File #: Student ID#: Last Name: First & Middle Name: # of credits taking this semester: Phone #: E-mail address: * Major & Degree:

*The VA Office at SU uses e-mail as the official means of communication with students. Please read your university e-mail regularly for important notifications.

I am currently a: Graduate Undergraduate I am seeking benefits as a: Dependent Veteran

Under the following Chapter:

- 30 Active Duty 1606 Selected Reserves 1607 Selected Reserves 35 Survivors and Dependents 31 Vocational Rehabilitation 33 Post- 9/11 GI Bill

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. Please attach a copy of your class schedule.

The following apply to me (check all that apply):

- I am eligible to for the Go Army Ed or National Guard Waiver: (Please provide copies of any supporting documents, including a valid Military ID) Yellow Ribbon: (Must be 100% eligible under Chapter 33 & understand that funds are allocated on a first-come, first serve basis) My educational benefits were transferred from my parent(s) under Chapter 33. (Please provide a copy of your parent's confirmation from the Department of Defense and/or your Certificate of Eligibility).

Statement of Understanding on Withdrawing from Classes: The law requires that students notify Salisbury University's Veterans Office of a withdrawal from course(s). The Department of Veterans Affairs (DVA) will adjust or terminate benefits retroactive to the beginning date of the term. If the change of enrollment is due to reasons beyond the student's control, which DVA accepts as mitigating circumstances, benefits are adjusted on the effective date of the reduction. Form 21-4138, Statement In Support of Claim, must be filed for consideration.

By signing my name below, I affirm that I have read the Statement of Understanding on Withdrawing from classes and that the information contained on this form is true and correct to the best of my knowledge.

I understand that I am financially responsible for any remaining balance owed to Salisbury University, which is not paid by the Veterans Administration.

Student's Signature

Date

For Administrative Purposes Only

Date

Tuition Fees Total

Y.R.

Notes

Signature of VA Representative