

VETERANS ADMINISTRATION EDUCATIONAL BENEFITS

NOT TO BE USED FOR VA VOCATIONAL REHABILITATION BENEFITS (Chapter 31)

REQUEST FOR CERTIFICATION

SYRACUSE UNIVERSITY VETERANS RESOURCE CENTER
 700 UNIVERSITY AVENUE, SYRACUSE, NY 13244-2530
 (315) 443-9297 / fax (315) 443-6689



This form must be completed for each term you wish to receive benefits.

Term Fall/Spring/Summer 20 _____ **Number credits enrolling this term** _____
 (circle one) (year)

Name _____

Address _____

Phone _____ (home) _____ (work) _____ (mobile)

SUID number _____ **Student SSN** _____ **Veteran SSN** _____

Service Branch _____ **Number months of benefits remaining** _____

Education Benefit Chapter (circle one): **30** (Montgomery GI Bill), **1606** (Selected Reserve), **1607** (REAP)

35 (Dependent Educational Assistance) **33** (Post 9/11 GI Bill) **40% 50% 60% 70% 80% 90% 100% *** *100% category
 processed as Yellow Ribbon, per eligibility criteria

Status (check all the apply): **Active Duty** _____ **Veteran** _____ **Dependent (DEA)** _____ **Reservist** _____

Transfer Entitlement (spouse) _____ **Transfer Entitlement (child)** _____ **National Guard** _____ (which state? _____)

If Active Duty, will you be using TA? Y / N **If Yes, what amount? \$** _____

Degree (BA/BS/MA etc.): _____ **Program of Study:** _____

Admit Term: _____ **Expected Graduation Term (if known):** _____

Did you file a FAFSA this year? Y / N

Do not use this form if you receive VA Vocational Rehabilitation benefits. You must work with your VA Rehabilitation Counselor and submit direct payment certification requests to Syracuse University Bursar Operations, 102 Archbold North Syracuse NY 13244-1140.

My signature below indicates that I understand that in order to comply with Veteran’s Administration regulations, Syracuse University’s Veterans Resource Center must submit registration and academic progress reports to the Veteran’s Administration. **Furthermore, I must report any changes in my registration status (listed below) within two weeks from the date of their occurrence.** I also understand that registration changes may affect the VA Benefit amounts paid to me. A change in my registration can cause overpayment on my VA account, which I would be required to repay. Additionally, I understand that failure to properly advise the SU Veterans Resource Center could result in immediate cancellation of any certifications submitted to the Veteran’s Administration.

Registration changes that must be reported

- Added Classes** Report the day the add becomes effective
- Dropped Classes** Report the last day of attendance in the class
- Audit Grades** Report this grade option, if I choose it. The VA will not pay for classes for which I request an audit grade.
- Withdrawals** Report the last day of attendance
- Repeated Classes** Report any class I am repeating for credit. The VA will pay for such a class only if the initial grade was an “F.”
- NA or Missing Grade** A class with an “NA” (Never Attended) grade or *missing grade will not be paid by the VA* I will be responsible to repay any monies received for these classes.

I have read and understand the above statements and agree to comply.

_____ Date _____ Signature _____ Email (please print) _____