

VA Certification Information Sheet

Student I.D. 900 _____

Address: S.S. #	Name	2:			Date of Birth:	
City, State Zip			First	Mi		
Home phone #:	Addr	ess:			S.S. #	
Home phone #:	Citv.	State Zip			VA File#	
Major:	- 5	r			(Chapter 35 only)	
Major:	Home phone # :			Local phone #:		
Are you receiving any scholarships designated to apply to tuition only (i.eMTAG)? YES () NO () Have you attended DSU before? YES () NO () Last term & year attended:	Okra E-mail:			Alternative Email:		
Have you attended DSU before? YES () NO () Last term & year attended: Have you attended another institution since our last term at DSU, or are you a transfer student from another institution? YES () NO () Did you receive VA benefits at the previous institution? YES () NO () Name of institution(s): CHECK ONE: A. Montgomery GI Bill (Chapter 30) B. VEAP (Chapter 32) B. VEAP (Chapter 33) B. VEAP (Chapter 33) B. VEAP (Chapter 35) B. VEAP (Chapter 36) B. VEAP (Chapter 37) B. VEAP (Chapter 38) B. VEAP (Chapter 39) B. VEAP (Chapter 30) B. VEAP (Majo	r:		Degree:	Expected Date of Graduation:	
Have you attended another institution since our last term at DSU, or are you a transfer student from another institution? YES() NO() Did you receive VA benefits at the previous institution? YES() NO() Name of institution(s): CHECK ONE: A. Montgomery GI Bill (Chapter 30)	Are y	ou receiving any s	scholarships designate	ed to apply to tui	tion only (i.eMTAG)? YES() NO()	
Did you receive VA benefits at the previous institution? YES () NO () Name of institution(s): CHECK ONE: (Have you attended DSU before? YES () NO () Last term & year attended:					
CHECK ONE: (
CHECK ONE: (Did you receive VA benefits at the previous institution? YES () NO ()					
(Name	e of institution(s):				
Spring 20 Summer I 20 Summer II 20 Fall 20 By signing below, I acknowledge it is my responsibility to notify the VA School Certifying Official via email of any changes that may affect my VA benefits, such as adding or dropping classes, post semester course withdrawals, withdrawing from school, or ceasing attendance in class for any reason. I understand that failure to report changes may result in an overpayment situation which could require repayment of benefits.		A. Montgomery B. VEAP (Chapt C. Post 9/11 (Ch D. Dependent (Ch E. Montgomery) (Chapter 1606) F	er 32) hapter 33) hapter 35) GI Bill-Selected Reserv Reserves or National Gu	uard	G. Vocational Rehabilitation (Chapter 31) H. Old GI Bill (Chapter 34/30) I. Currently on Active Duty	
By signing below, I acknowledge it is my responsibility to notify the VA School Certifying Official via email of any changes that may affect my VA benefits, such as adding or dropping classes, post semester course withdrawals, withdrawing from school, or ceasing attendance in class for any reason. I understand that failure to report changes may result in an overpayment situation which could require repayment of benefits.	Please	e indicate the terms	you wish to receive be	enefits and the ho	urs you expect to take for each	
changes that may affect my VA benefits, such as adding or dropping classes, post semester course withdrawals, withdrawing from school, or ceasing attendance in class for any reason. I understand that failure to report changes may result in an overpayment situation which could require repayment of benefits.		Spring 20	Summer I 20	Summer II 20	Fall 20	
STUDENT SIGNATURE:DATE	chang withd	es that may affect are rawing from school	my VA benefits, such a l, or ceasing attendance	as adding or droppe in class for any	ping classes, post semester course withdrawals, reason. I understand that failure to report changes may	
	STUI	DENT SIGNAT	U RE:		DATE	