



VA Certification Information Sheet

Student I.D. 900 _____

Name: _____ Date of Birth: _____
Last First Mi

Address: _____ S.S. # _____

City, State Zip _____ VA File # _____
(Chapter 35 only)

Home phone #: _____ Local phone #: _____

Okra E-mail: _____ Alternative Email: _____

Major: _____ Degree: _____ Expected Date of Graduation: _____

Are you receiving any scholarships designated to apply to tuition only (i.e.-MTAG)? YES () NO ()

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) () F. REAP (Chapter 1607)
() B. VEAP (Chapter 32) () G. Vocational Rehabilitation (Chapter 31)
() C. Post 9/11 (Chapter 33) () H. Old GI Bill (Chapter 34/30)
() D. Dependent (Chapter 35) () I. Currently on Active Duty
() E. Montgomery GI Bill-Selected Reserve
(Chapter 1606) Reserves or National Guard

VA Education Benefits received due to military service by: () Student () Parent () Spouse

Please indicate the terms you wish to receive benefits and the hours you expect to take for each semester / term. (Note: Benefits are only paid for courses required by your degree)

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.

STUDENT SIGNATURE: _____ DATE _____