



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:

<input type="checkbox"/> A. Montgomery GI Bill (Chapter 30)	<input type="checkbox"/> F. REAP (Chapter 1607)
<input type="checkbox"/> B. VEAP (Chapter 32)	<input type="checkbox"/> G. Vocational Rehabilitation (Chapter 31)
<input type="checkbox"/> C. Post 9/11 (Chapter 33)	<input type="checkbox"/> H. Old GI Bill (Chapter 34/30)
<input type="checkbox"/> D. Dependent (Chapter 35)	<input type="checkbox"/> I. Currently on Active Duty
<input type="checkbox"/> 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 _____

Return to: Presley Utz, VA Certifying Official, Registrar's Office, Kent Wyatt Hall 158, Cleveland, MS 38733

Email: pmutz@deltastate.edu – Phone: 662-441-0345 - Fax: 662-846-4016