

VETERAN'S CERTIFICATION REQUEST

ASU-Beebe, Heber-Springs and Searcy

All blanks must be completed.

ACADEMIC YEAR: (year) 20__ - __

Terms intending to enroll:

-you must submit a certification request for each semester separately

Summer I / II Fall Spring

Student ID#: _____

LAST 4 of SSN: _____

Name: _____
(Last, First M.)

Phone #: _____
(best contact)

Mailing Address: _____

Email address: _____
(best contact)

Which VA Benefit are you planning to use for this semester?

(Note: You must check one of the following categories. If you are unsure, please call the Department of Veteran's Affairs toll-free number: 1-888-442-4551 for assistance).

___ Chapter 30 (GI Bill -active military service between 7/1/85 to present)

___ Chapter 31 (Vocational Rehabilitation)

___ Chapter 35 (Dependent's Benefits)

___ Chapter 33 (Post 9/11) transferred: Y/N

___ Chapter 1606 (National Guard/Reserves)

Have you used your benefits before? (circle one) Yes No

* If yes, name of the institution _____

Educational Goal (long term goal- "Bachelor's degree"): _____

Major (at ASUB)*: _____ Catalog year (began degree): _____

Repeating course? (if "NO" enter "N/A") _____ -I understand since I previously passed this course, the VA will not cover this repeat unless the handbook requires differently (attached page from handbook, if applicable)

Please note that all courses must go towards the Major you are certified for with the Department of Veteran's Affairs. If this is a change from your current program you will need to complete a 22-1995 (Change of Program, Place of Training) at: <http://vabenefits.vba.va.gov/vonapp/main.asp> (*22-5495 if Chapter 35, Chapter 31 must contact Voc Rehab counselor)

**By signing this form I am acknowledging my responsibility to inform the VA Representative of any changes to the above information within 10 business days. (i.e. address/phone number, change of courses/educational goal, etc.) I understand that if I change my schedule it may result in an over-payment of benefits already disbursed. I also understand that only the courses needed for my degree can be certified for VA Benefits. My signature indicates that I have provided accurate information and I understand and agree to comply with all ASU Beebe Campuses and VA guidelines. (Certification will not be submitted without signature.)*

Signature

Date