

# 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.)*

**Print Document - Signature Required**

Signature

Date