ARKANSAS STATE UNIVERSITY - BEEBE
VANGUARD
HEBER SPRINGS · LRAFB · ONLINE · SEARCY

VETERAN CERTIFICATION REQUEST (VCR)

FOR STUDENTS WITH VA BENEFITS

NOTE: Please be advised that for any classes that you withdraw from and have received funding by Veteran Affairs (VA), you WILL be required to payback VA any amount that you incur from the withdrawal of classes.

STUDENT INFORMATION

Last Name:	First Name:	VA Benefit/Chapter:
Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
ASU-Beebe Student ID:	Last 4 of SSN:	Degree/Certification:

MILITARY STATUS (Select One): ☐ Active Duty ☐ Veteran ☐ National Guard ☐ Reserve ☐ Dependent

VA CHAPTER (Select One): ☐ Chapter 30 (Active Duty) ☐ Chapter 31 (VR&E) ☐ Chapter 33 (Post-9/11 GI Bill®) ☐ Chapter 35 (DEA) ☐ Chapter 1606 (MGIB) ☐ Chapter 1607 (Reserve MGIB)

FOR WHICH TERM ARE YOU REQUESTING CERTIFICATION? ☐ Fall 20____ ☐ Spring 20____ ☐ Summer I 20____ ☐ Summer II 20____

EDUCATION INFORMATION

Program/Major:	Catalog Year:

Educational Goal: ☐ Associate ☐ Certificate ☐ Transfer ☐ Other: _____

HAVE YOU USED ANY VA EDUCATION BENEFITS BEFORE? ☐ Yes ☐ No	If Yes, At Which School?
ARE YOU RECEIVING TUITION ASSISTANCE OR ANY OTHER EDUCATIONAL BENEFITS? ☐ Yes ☐ No	If Yes, Please Specify:

CERTIFICATION ACKNOWLEDGMENT

I understand it is my responsibility to provide all required documentation and to notify the Veterans and Military Affairs Office of any changes to my enrollment, including adds, drops, or withdrawals. I also understand that if I withdraw from any class after receiving VA funding, I may be required to repay the VA.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Certifying Official: _____ **Date:** _____

Date Certified: _____ **Term Certified:**

Notes:

RETURN THIS FORM TO:
Veterans and Military Affairs Office
Arkansas State University-Beebe
Student Center, Room 202
1000 Iowa Street, Beebe, AR 72012
(501) 882-8932 | gesmith@asub.edu

Email: gesmith@asub.edu
Fax: (501) 882-8933
In Person: Student Center, Room 202
Website: asub.edu