VETERANS EDUCATIONAL BENEFIT AGREEMENT FORM

The following rules and regulations are in compliance with the U.S. Dept of Veterans Affairs specifications that explain how colleges may certify enrollment of hours for students receiving VA Educational Benefits. The VA Coordinator, as a representative of the college, will strictly interpret these rules.

COMPLETE THE FOLLOWING

Check one: □ New Student □ Returning Student

Student's Full Name: _____ Date: _____

Mailing Address: _____ SSN:_____

City/State/Zip Code:_____ VA File #: _____

Home Telephone: _____ VA Chapter #:_____

Work/Cell Number:_____ E-mail address:_____

Degree/Major: _____

Is this a change of major? □ Yes □ No
If Yes, attach VA Form 22-1995 (for veterans) or VA Form 22-5495 (dependents or spouses).
If No, no action is required.

Are you currently on active duty? □ Yes □ No
Are you receiving tuition assistance? □ Yes □ No

READ, COMPLETE, AND SIGN

I am applying for VA Educational Benefits during the _____ semester of _____ for a total of _____ units/credit hours. I have attached a list of courses in which I am enrolled. I understand that I will not receive benefits for courses in which I have previously earned an A, B, C, D, or I; will not receive benefits for courses which I will not receive credit for the second time; and will not receive benefits for courses that do not apply toward degree completion in my chosen major.

Further, I understand that I am responsible for reporting all adds and drops that change my initial enrollment to the VA Coordinator, who will subsequently report the change to the VA Office in Buffalo. I also understand that I may be subject to **OVERPAYMENT** when my enrollment is misrepresented and all changes are not fully disclosed and reported to the VA Office in Buffalo.

Student Signature: _____ Date: _____