



UNIVERSITY OF RICHMOND
FOUNDED 1830

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: _____ CASC ID#: _____

Home Telephone: _____ VA File#: _____

Work/Cell Number: _____ VA Chapter #: _____

Degree/Major: _____

Is this a change of Major? (Check one): Yes No – If Yes, then attach VA Form 22-5495 (dependents), or VA Form 20-1995 (for Veterans). If No, then no action is required

List all Previous Colleges Attended: _____

Military Transcript (Check all that apply): Have requested or submitted 2nd Semester of CASC, place on transcript Does not apply

READ, COMPLETE, AND SIGN

I am applying for VA Educational Benefits during the _____ semester of _____, and for _____ 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; and I am repeating courses in which an approved substitution or equivalency has been determined and that I choose to repeat or 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 (or Certified Schedule) 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: _____

VA Coordinator Signature: _____ Date: _____