



## Veterans Educational Benefits Request Form

Name: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Academic Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Social Security number (for first time applicants only): \_\_\_\_\_

Semester Requesting Benefits: \_\_\_\_\_

Benefits Requested (check one):

\_\_\_\_\_ Chapter 33 Post – 9/11 GI Bill \_\_\_\_\_ Yellow Ribbon Program (Chapter 33 only)

\_\_\_\_\_ Chapter 30 Montgomery GI Bill - Active Duty

\_\_\_\_\_ Chapter 1606 Montgomery GI Bill – Selected Reserves

\_\_\_\_\_ Chapter 1607 REAP – Reserve Educational Assistance Program

\_\_\_\_\_ Chapter 32 VEAP – Veterans’ Educational Assistance Program

\_\_\_\_\_ Chapter 35 Survivors & Dependents Educational Assistance

\_\_\_\_\_ Chapter 31 Vocational Rehabilitation

Have you used your benefits at another college/university? \_\_\_\_\_

If yes, where \_\_\_\_\_

How many credits do you plan to take this semester? (check one)

\_\_\_\_\_ 12 or more

\_\_\_\_\_ less than 12. How many? \_\_\_\_\_

**You are responsible for reporting all changes** in credit hour load (including withdrawals), academic program, anticipated graduation date and address to the certifying official in the Registrar’s office. Failure to do so in a timely manner may affect your benefits.

You are also responsible to pay your tuition and fees by the payment due date. Since all the calculations are done by Veterans Affairs SU has no way of knowing the amount being reimbursed to the veteran or when that amount will be sent to the university.

By applying for VA educational benefits, I understand that my grades and/or any other information in my student record may be released to the VA upon their request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form to the certifying official in the Registrar’s office.