

VETERANS ADMINISTRATION EDUCATIONAL BENEFITS
NOT TO BE USED FOR VA VOCATIONAL REHABILITATION BENEFITS (Chapter 31)



REQUEST FOR CERTIFICATION
 SYRACUSE UNIVERSITY VETERANS RESOURCE CENTER
 700 UNIVERSITY AVENUE, SYRACUSE, NY 13244-2530
 (315) 443-3261 / fax (315) 443-3903

This form must be completed for each term you wish to receive benefits.

SUID _____

Email address _____

Name _____

Daytime Phone Number _____

<p>Education Benefit Chapter:</p> <p>Status (check all that apply): <small>* 100% category processed as Yellow Ribbon per eligibility criteria</small></p> <p> <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent (DEA) <input type="checkbox"/> Reservist <input type="checkbox"/> Transfer Entitlement (spouse) <input type="checkbox"/> Transfer Entitlement (child) <input type="checkbox"/> National Guard If Active Duty, will you be using TA? (which state? _____) Yes No If yes, what amount? \$ _____ </p>	<p>Enrollment - Select the number of credit hours which you plan to take per session (a separate form is required for EACH term):</p> <p>Fall</p> <p>Winterlude Summer</p> <p>Spring 1 - Jan Maymester</p> <p>Spring 2 - April Session I</p> <p style="text-align:right">Combined Session</p> <p style="text-align:right">Session II</p>
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Degree (BA/BS/MA etc.): _____

Program of Study: _____

Admit Term: _____

Expected Graduation Term (if known): _____

Did you file a FAFSA this year? Yes No

Do not use this form if you receive VA Vocational Rehabilitation benefits. You must work with your VA Rehabilitation Counselor and submit direct payment certification requests to Syracuse University Bursar Operations, 102 Archbold North Syracuse NY 13244-1140.

My signature below indicates that I understand that in order to comply with Veteran’s Administration regulations, Syracuse University’s Veterans Resource Center must submit registration and academic progress reports to the Veteran’s Administration. **Furthermore, I must report any changes in my registration status (listed below) within two weeks from the date of their occurrence.** I also understand that registration changes may affect the VA Benefit amounts paid to me. A change in my registration can cause overpayment on my VA account, which I would be required to repay. Additionally, I understand that failure to properly advise the SU Veterans Resource Center could result in immediate cancellation of any certifications submitted to the Veteran’s Administration.

Registration changes that must be reported

- Added Classes** Report the day the add becomes effective
- Dropped Classes** Report the last day of attendance in the class
- Audit Grades** Report this grade option, if I choose it. The VA will not pay for classes for which I request an audit grade.
- Withdrawals** Report the last day of attendance
- Repeated Classes** Report any class I am repeating for credit. The VA will pay for such a class only if the initial grade was an “F.”
- NA or Missing Grade** A class with an “NA” (Never Attended) grade or *missing grade will not be paid by the VA* I will be responsible to repay any monies received for these classes.

I have read and understand the above statements and agree to comply.

Student Signature _____ Date _____