

VETERANS ADMINISTRATION EDUCATIONAL BENEFITS

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

REQUEST FOR CERTIFICATION

SYRACUSE UNIVERSITY
UNIVERSITY COLLEGE
700 UNIVERSITY AVENUE
SYRACUSE NY 13244-2530
(315) 443-3261/ fax (315) 443-6689

Term Fall/Spring/Summer 20____
(circle one) (year)

Name _____

Address _____

Phone _____ (home) _____ (work) _____ (mobile)

SUID number _____ **VA Claim Number** _____

Status Active Duty _____ Veteran _____ Reservist _____ Dependent _____
National Guard _____ if National Guard, affiliated with which state _____

Education Benefit Chapter 30 33 35 1606 1607 (circle one) **Degree** _____

Program of Study _____ **Number credits enrolling this term** ____

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

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.

I, _____, understand that in order to comply with Veteran's Administration regulations, Syracuse University's University College 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 V.A. Benefit amounts paid to me. A change in my registration can cause overpayment on my V.A. account, which I would be required to repay.

Additionally, I understand that failure to properly advise University College 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 V.A. 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 V.A. 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 V.A.* I will be responsible to repay any monies received for these classes.

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

Date

Signature