Veterans Educational Benefits Information Form

Recipients of Veterans Educational Benefits must complete this form each semester and submit it to the VA Certifying Official at the University Registrar’s Office. This form must be submitted prior to the start of classes.

Student Name: __________________________________________ Andrew ID: ________________________

Last                                       First                                     MI

Semester (circle one): Fall          Spring        Summer-1/All     Summer-2     Year: _________________

STUDENT INFORMATION
Indicate any information which has changed since last semester.

Address: _______________________________________________ Chapter #: ________________________

__________________________________________________________________________

__________________________________________________________________________

Claim #: ____________________________

(Chapter 35 only)

E-mail: _______________________________________________

Daytime Phone: (____) ______ - ________________

College: ____________________________________ Department: _________________________________

Major: ______________________________

READ AND INITIAL BESIDE EACH STATEMENT BELOW, THEN SIGN THE AT THE BOTTOM.

I understand that it is my responsibility to certify for each semester for which I plan to receive benefits to the Carnegie Mellon Certifying Official in the University Registrar’s Office. x___________

I understand that it is my responsibility to report any status changes (including add/drop; R, I or W grades; change of address; change of college, department or major; or any other changes that may affect my entitlement to G.I. Bill Benefits) to the University Registrar’s Office immediately. x___________

I understand that I am responsible for any underpayments or overpayments that may occur due to changes that may affect my entitlement to G.I. Bill Benefits as described above. x___________

I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the University Registrar’s Office as soon as they occur. x___________

Signature: _____________________________________________ Date: _____________________

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