

VA Education Benefit Request Form

Office of the University Registrar
1100 E. 5th St., Anderson, IN 46012-3495
Phone: 765.641.4169 Fax: 765.641.3015



Instructions: This form must be completed each semester that you want to use VA educational benefits at AU. You should complete it after you have officially registered for your courses. All blanks must be completed. Certification of enrollment to the Department of Veteran's Affairs will not be done until this form is completed and returned to the Office of the University Registrar.

Semester I (August) Semester II (January) Summer Year _____

Name _____
LAST FIRST MIDDLE STUDENT ID

Home Address _____
STREET

CITY STATE ZIP CODE

Phone (_____) _____ - _____ E-mail _____

SSN _____ - _____ - _____ Chapter 35 Sponsors Claim #/SSN _____

Have you turned in a degree program to the Registrar? Yes No *Please see back page for information about this requirement.*

Are you changing your Program/Major or coming from another school? Yes No *If yes, you are required to submit a "Change of Program Form" (VA form 22-1995 for Veterans, or VA Form 22-5495 Survivors/Dependents).*

Are you active duty? Yes No

Check the appropriate status box:

- A. ***New Student** (Anderson University is the first school where you are claiming VA Educational Benefits) Must file an "Application for VA Educational Benefits" (VA Form 22-1990)
- B. **Continuing Student** Received benefits at AU last semester.
- C. **Transfer Student** Used benefits at another school. Must turn in a "Change of Program Form" (VA Form 22-1995 for Veterans, or VA Form 22-5495 Survivors/Dependents).
- D. **Guest Student** Receiving a degree at another school. Must turn in a "Parent School Letter."

Please check the VA Educational Benefits you are applying for: (check only one)

- *Chapter 33 Post 9/11 MGIB
- Chapter 1606 (Reserve/Guard)
- Chapter 1607 (Reap - Activated reserve/guard)
- *Chapter 33 (Yellow Ribbon Program)
- Chapter 30 (Active Duty Benefits)
- Chapter 35 (Survivors/Dependent Benefits)

VA Educational Benefit Payment Agreement

Read and initial and sign at the bottom.

1. **Receiving Veteran's benefits does not hold a student in classes.** The payment of veteran educational benefits requires a student to be enrolled and attending classes. An enrolled student is a student that has registered and paid for his/her classes. _____
2. **Chapter 33.** Students that withdraw are responsible for repaying tuition and fees to the VA. _____
3. **The veteran must verify continued enrollment at the end of each month** of the semester by web or toll-free number to receive payment of Educational Benefits. The site is <http://www.gibill.va.gov> or 1-877-823-2378.

4. **If this is the third request for benefits (except Chapter 31) students must turn in a degree plan** to the Office of the University Registrar. This degree plan is based on prior training or education:

Prior credit is defined by the Department of Veterans Affairs (DVA) as:
The amount of credit allowed for previous education, training, and experience; including military training and experience.

Both the law and the regulations require schools to grant appropriate credit for prior training and experience. The current procedure provides for termination of benefits if the school does not furnish an evaluation of prior credit within 2 terms (38 U.S.C. 3675(b)(2) and 3676(c)(4), and §21.4253(d)(3) and 21. 4254(c)(4)). _____
5. **Veterans will only be certified for the required courses and electives listed on their degree plan.** _____
6. **If a student receiving VA Benefits drops or adds a class, or changes their enrollment** in any way, it is the student's responsibility to notify the Anderson University Certifying Official immediately.

I, the undersigned, have read the items above and understand them and will abide by them.

I understand I must have my prior credits evaluated and turn in a degree program prior to my third request for educational benefits. Without a degree program no further educational benefit requests will be sent to the VA.

My signature below indicates the information on the front of this form is true and correct.

I give my permission for the school certifying official to review my educational records and report my status to the veteran administration.

I understand that I am ultimately responsible for paying all fees and tuition if my request for benefits are delayed or denied.

Signature _____ Date _____