

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, 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: _____