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)

Prior Service? ____ Yes ____ No Branch of Service: □ Air Force     □ Marines

□ Army             □ Coast Guard   □ Navy              □ Transfer of Benefits or Dependent

E-mail: ____________________________________________

Daytime Phone:    (______) ______ - ________________

College:  __________________________ Department: ________________________________________

Major:  ___________________________ Expected Graduation Date: ____________________________

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: _____________________