

Veterans Education Benefits Information

Recipients of Veterans Educational Benefits must complete this form each semester and submit to the VA Certifying Official at the Carnegie Mellon University Registrar's Office by emailing uro-vaedbenefits@andrew.cmu.edu. Students with questions may reach out to Mike Danko, Veterans Benefits and ROTC Program Manager, at mdanko@andrew.cmu.edu. **This form must be submitted prior to the start of classes.**

STUDENT INFORMATION

Student Name: _____
Last, First/Preferred, MI

Andrew ID: _____

GI Bill Chapter: Chapter 31 Chapter 33 Chapter 35

Other Chapter: _____

Personal Email: _____

College: _____

Major: _____

Expected Graduation Date: _____
Month, Year

Semester (check one): Fall Spring Summer One/All

Summer Two Year: _____

VA benefits use (check one):

I wish to use my VA benefits this semester

I do **not** wish to use my VA benefits this semester

READ & INITIAL BESIDE EACH STATEMENT BELOW, THEN SIGN 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.

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

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

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

Signature: _____

Date: _____
mm/dd/yyyy