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: ____________________________________________________________
__________________________________________________________
__________________________________________________________

Prior Service?   ____ Yes   ____ No  Branch of Service:  □ Air Force   □ Marines
                   (optional)  □ 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.

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.

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.

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.

Signature: ____________________________ Date: ____________________________