

SUNY POTSDAM
VETERANS CERTIFICATION REQUEST FORM

Completion of this form authorizes SUNY Potsdam to provide required information and to certify your enrollment at Potsdam for the specified semester to the U.S. Department of Veterans Affairs (VA). Fax: 315-267-2157 or Mail: SUNY Potsdam Registrar's Office, Potsdam, NY 13676.

Term Year: _____ Fall _____ Winterim _____ Spring _____ Summer

Name: _____
Last First Middle

Are you a: _____ Veteran _____ Dependent/Spouse of Veteran _____ Reserve/National Guard

Service Number/SSN: _____ **Potsdam ID:** _____

VA Dependent Code #: _____ (for Dependents Only - Chapter 35)

It is your responsibility to keep VA and SUNY Potsdam informed of changes in your contact information.

Address: _____
Street City State Zip

Phone: _____ **Email:** _____
Daytime

Check the VA Benefit Program you are using or wish to use:

_____ **CH 33** (Post 9/11 GI Bill) _____ **CH 30** (Montgomery GI Bill - Active Duty)
_____ **CH 31** (Disabled/Voc Rehab) _____ **CH 35** (Survivors/Dependents Ed Asst Prog)
_____ **CH 1606** (Reserve/Guard) _____ **CH 1607** (REAP - Reserve to duty after 9/11/01)

Is this a change of VA benefit chapter from the previous semester? Y or N

Benefit Status: _____ **Current Number of Credit Hours:** _____

Continuing Student: Have received benefits at SUNY Potsdam

New Applicant: Applying for VA benefits for the first time

Transfer student: Transferring from another institution where you used veterans benefits

Type of Program/Training: _____ **Undergraduate** _____ **Graduate**

What is your major? _____ **Active Duty?** Y or N

Have you changed your major and/or program since your last certification request? _____

If yes, VA Form 22-1995 or 22-5495 (CH 35) must accompany this form.

STATEMENT OF UNDERSTANDING (Please initial each line.)

1. I will report any registration changes (add, drop, S/U, withdrawal, etc.) to the Registrar's Office. _____
2. I will notify the Registrar's Office if I stop attending class(s). _____
3. I will notify the Registrar's Office if I change my major or degree program. _____
4. I understand that grades "W" and "U" may result in reduced payment from VA. _____
5. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class. _____
6. I understand that repeated classes for which I have received a grade cannot be used for my certification. _____
7. I understand that if I fail to comply with the above, it can result in an over or underpayment of benefits. VA will hold me responsible for overpayment of my education benefits. _____

My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request form each semester of attendance that I wish to receive benefits.

Signature: _____ **Date:** _____

Office Use: VAOnce _____ SGASTDN _____ INITIAL _____ DATE _____

Comments: _____