

SUNY POTSDAM
BENEFITS CERTIFICATION REQUEST FORM
** MUST BE COMPLETED PRIOR TO EVERY SEMESTER **

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 315-267-3067 or Mail: SUNY Potsdam ONESTOP, Potsdam, NY 13676.

Term Year: _____ Fall _____ Winter _____ Spring _____ Summer

NAME: _____
Last First Middle

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

Date of Birth (STUDENT) ____/____/____ Last 4 # SSN of Student: _____ Potsdam ID: _____

VA Dependent Code #: _____ (SSN OF VETERAN- 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: _____ Daytime Email: _____

Check the VA Benefits 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) _____ TA (Active / Guard / Reserves) ** NOT VA**

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

Benefit Status:

Continuing Student: Have previously received benefits through this office

New Applicant: Applying for VA Benefits for the first time

Transfer Student: Transferring from another institution where you used veteran's benefits

Type of Program/ Training: _____ Undergraduate _____ Graduate

What is your major? _____ Are you currently Active Duty? Y or N

Where are you taking the majority of your classes: SUNY Potsdam Campus Watertown Campus

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 be 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 certifying official. _____
2. I will notify the certifying official if I stop attending class (s). _____
3. I will notify the certifying official 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 a 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. _____
8. For Students using chapter 30, 35, and 1606 the College does not get paid by the VA only the student receives a stipend. I understand that if I fail to make regular payments to the College on my outstanding bill a financial hold can be placed on my account. _____

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: _____

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Type of Program/ Training: _____ Undergraduate _____ Graduate

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IS THIS ALSO A CROSS-REGISTRATION FOR COURSES AT ANOTHER SCHOOL YES / NO

CRN	SHORT TITLE	LEVEL	CREDITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CROSS-REGISTERED COURSES

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My signature below indicates that I am or plan to be registered for the courses listed above.

Signature: _____ Date: _____