

VA School Certification Form

Please Print Clearly

Last Name First Name Middle Name

­­­Street Address City State Zip Date of Birth

Local Telephone Number Social Security Number Banner ID

1. Please check the appropriate semester: \_\_\_\_\_\_ Winter \_\_\_\_\_\_\_Spring \_\_\_\_\_\_\_Summer \_\_\_\_\_\_Fall

1. Is this your first semester at Alfred State: \_\_\_Yes \_\_\_No (If yes, provide copy of Certificate of Eligibility)
2. Have you used VA benefits before: \_\_\_Yes \_\_\_No
3. Are you a transfer student this semester: \_\_\_Yes \_\_\_No

If you answer yes to both question 2 and 3 please complete VA form 22-1995 (dependent use 22-5495)

Change in Program or Place of Training Form.

1. Indicate your veteran chapter code: \_\_\_\_CH 30 \_\_\_\_CH 31 \_\_\_\_CH 33 \_\_\_CH 35 \_\_\_CH 1606 \_\_\_CH 1607 \_\_\_VRAP
2. What is your anticipated enrollment? \_\_\_\_\_ full-time \_\_\_\_\_ part-time

**Please read the following, SIGN below**

I hereby certify that no changes have been made to my status in previous semesters via academic petitions, late submission of leave of absence, etc… that may affect past payment of benefits from the VA.

1. I hereby agree to notify the School Certifying Official within (5) five business days in writing or via my Alfred State email account, of any changes in my status including: a) change in registered credit hours; b) withdrawal from course; c) change of major; d) change of address; etc….
2. Payment of benefits to non-matriculated students will be prohibited if a student has fully met the criteria for matriculations. VA stipulates a major must be declared by all students with more than 25 credits hours of study completed. Failure to comply will results in suspension of benefits.
3. **THIS FORM MUST BE COMPLETED AND TURNED IN FOR EACH SEMESTER OF ATTENDANCE THAT YOU WISH TO RECEIVE BENEFTIS. VA certification will not be processed by Alfred State until this form has been received.**
4. Failure to comply with the above may adversely affect processing payment of your benefits.

**Signature** **Date**

Return completed forms to:

Student Records and Financial Services

10 Upper College Drive

Alfred, NY 14802

607-587-4253

FAX: 607-587-3287