



VA School Certification Form

Please Print Legibly

Last Name		First Name		Middle Initial	
Street Address	City	State	Zip Code	Date of Birth	
Local Phone Number		Student ID			

1	Please check your appropriate semester.	Fall	<input type="checkbox"/>	Winter	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	<input type="checkbox"/>				
2	Is this your first semester at Alfred State College?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, provide copy of Certificate of Eligibility							
3	Have you used VA benefits before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
4	Are you a transfer student this semester?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
If you answer YES to both questions 2 and 3, please complete VA Form 22-1995 (Dependent Use 22-5495) Change in Program of Training Form.													
5	Indicate your veteran chapter code.	CH 30	<input type="checkbox"/>	CH 31	<input type="checkbox"/>	CH 33	<input type="checkbox"/>	CH 35	<input type="checkbox"/>	CH 1606	<input type="checkbox"/>	CH 1607	<input type="checkbox"/>
6	What is your anticipated enrollment?	Full-time			<input type="checkbox"/>	Part-time			<input type="checkbox"/>				

Please read the following and 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 result in suspension of benefits.
3. **THIS FORM MUST BE COMPLETED AND TURNED IN FOR EACH SEMESTER OF ATTENDANCE THAT YOU WISH TO RECEIVE BENEFITS. 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