

**Southeast Missouri State University
VA Certification Information**

This form is used to request information be sent to the VA for VA educational benefits. Complete only AFTER you have enrolled for the semester indicated below. Please do not turn in this form before you have enrolled in classes

Name _____

Semester & Year: _____

VA File # _____

Southeast ID # _____

Address where VA correspondence should be sent:

Street _____

City, State, Zip _____

phone number _____

Your Southeast email address may be used by the Southeast VA Certifying Official for all Southeast related correspondence.

VA Program: (circle one)

Chapter 33 (Post 9/11 GI Bill; you **MUST** complete a special application form if you are switching from Chapter 30, 1606 or 1607. Choosing Chapter 33 is an irrevocable choice. Not all students will benefit from changing to this new program.)

Chapter 30 (Current or Former Active Duty or Active Duty transferred benefits to dependent)

Chapter 31 (Vocational Rehabilitation and Employment) Counselor name: _____

Chapter 35 (Dependent of disabled or deceased veteran)

Chapter 1606 (Reserve or National Guard)

Chapter 1607/REAP (Reserve or Guard activated since 9/11/2001)

Are you currently Active Duty? Yes No

Which degree and major are you pursuing? _____
(If you have changed your major since your last certification, you must also completed VA Form 22-1995 or VA Form 22-5495 before this certification can be processed.)

Which minor are you pursuing? _____
(The VA will only pay for minor courses if the minor is required for your degree or if you have room for electives.)

Are you repeating any courses? (Yes/No) _____
(Repeated courses can only be certified if a higher grade is required for your degree.)

Does your enrollment include a practicum, internship or clinicals for this semester? _____
(If yes and if you are enrolled less than full-time, please contact the VA Certifying official for possible additional benefits.)

If this is the first time you are receiving VA educational benefits, how did you apply? (circle one or skip to next question if this is not the first time you are receiving benefits)
electronic VONAPP form paper form through Voc Rehab. case manager (Chp. 31 only)

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If you are enrolled in courses at another school, please list the name of the school and provide a copy of your course schedule from that school. You will also need to contact the VA Certifying official at your other school.

Name of other school: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING. IT IS YOUR RESPONSIBILITY TO UNDERSTAND THE INFORMATION ON THIS FORM.

I understand that I will receive benefits **only** for courses applying toward my degree objective. If the course is not listed as a requirement on my degree audit report, that course will not be certified and I will not receive benefits for it.

I understand that **full-time for VA purposes is not necessarily the same as the University's definition of full-time**. Courses taken in the summer, 8-week sessions or other sessions are considered separate terms by the VA but not by Southeast.. Courses taken during separate parts of the term (9 hours during 16-week and 3 hours during 8-week) during the same semester will be treated as separate terms for VA purposes. For additional information about what constitutes full-time enrollment for various sessions, especially the summer session, please contact the Certifying Official.

If there is **any change in status** (dropping/adding courses, not attending a class, address and phone number change, etc...), I must report the change immediately to the Certifying Official.

I understand that **a reduction in class enrollment or not maintaining regular attendance in classes after the beginning of the semester may result in the retroactive loss of benefits which may require me to pay money back to the VA** unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert to the first day of class. Courses added during the drop/add period are considered by the VA to be added on the day the course was added, **not the first day of the session**. Dropped courses are based on my last date of attendance of a course whether I officially drop the course from my schedule or not..

I understand that if I receive a monthly VA check, my check will arrive during the month following the month I actually attended class. I understand that I am responsible for making any necessary payments to the University on time even if my VA check has not yet arrived. (Chapter 31 and 33 students must also make arrangements with Student Financial Services to pay for expenses not covered by their program even if the monthly stipend, housing allowance or book allowance has not been received.)

I understand that I must complete this form for every semester I wish to receive VA educational benefits. Failure to complete this form as soon as I enroll for classes may cause a delay in my benefits for next semester and may cause my classes to be dropped if paperwork is not completed and arrangements made with Student Financial Services. I understand that my enrollment, attendance and other academic information will be shared with the VA and other agencies as needed for the processing, verification and auditing of my benefits.

I am aware that changes in my enrollment/attendance status may alter the payment the VA will award me or Southeast. I also understand that I will be held liable for any overpayment that I might receive from the VA. I hereby certify that all statements I have made on this form are true and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Scan and email to: registrarva@semo.edu

Or fax to: 573-651-5155 Attn: Veterans Affairs

Or mail to: Registrar's Office – Veterans Affairs, MS 3760, Southeast Missouri State University, Cape Girardeau, MO 63701