



OFFICE OF THE REGISTRAR
Veteran Affairs Student Certification Request

This form must be completed and submitted each semester to be eligible to receive Veterans Educational Benefits at Arkansas State University (A-State). The student is responsible for ensuring the submission of this form each semester.

GENERAL INFORMATION
Last Name: First Name: Middle Initial: Student ID Number:
Mailing Address: City: State: ZIP Code:
Date of Birth: Email Address: Primary Telephone Number:

CERTIFICATION REQUEST
Mark the semester and indicate the year this request is intended for: Fall Spring Summer Year:
Mark your current status:
New Student to VA and never used benefits before Transfer Student (used benefits at another institution)
Continuing VA Student attending A-State Re-entry Student (used benefits at A-State previously)
How many credit hours are you enrolled in? What is your major on file with admissions? Has your major changed since the last semester you attended?
Are you a guest student (taking courses here to apply towards a degree at another institution you're currently enrolled in)?
Which VA Chapter will you be using for the semester indicated?
Chapter 30 - Montgomery GI Bill
Chapter 31 - VA Voc. Rehab
Chapter 33 - Post 9/11: %
Chapter 35 - Dependents/Survivors Benefits
VA File #:
Chapter 1606 - MGIB Selective Reserve/National Guard
Chapter 1607 - REAP Reserve Education Assistance
Check each type of aid that applies:
Federal Military Tuition Assistance
State Military Tuition Assistance
State Tuition Waiver - AR National Guard
Tuition paid by employer
Scholarship - Tuition and Fees Only
Other, specify below
None of the above
Mark your current military status:
Active Duty
Guard
Reserve
Dependent Child
Spouse
Veteran (including retired)
Branch of Service:

**COURSE SCHEDULE**

List the courses you're enrolled in for the semester you are applying for benefits in the table below.

<i>Course and Number</i>	<i>Hours</i>	<i>Course Title</i>	<i>Repeat (Yes or No)</i>

All hours pursued must apply towards your degree program or be a required prerequisite to a course in your degree program. All courses added, dropped, or audited must be reported to the A-State VA Representative. Please note that the VA will not pay for audited courses, courses that do not fulfill graduation requirements, and repeated courses that have been successfully completed. Use the CAPP Degree Evaluation in Self Service to make sure courses are going toward your degree.

**SIGNATURE**

I certify that the courses listed above lead toward my degree. I hereby authorize the VA Certifying Official to release information to the Veteran's Administration concerning my status as a VA student at A-State. I will immediately notify the VA Certifying Official of all changes that occur in my enrollment. I understand that failure to do so may result in delay of payment or an overpayment with the VA. I also understand that if I stop attending my classes, the VA will be notified and this too may cause an overpayment with the VA.

Signature of Student:	Date:
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Please complete/sign and deliver to the Office of the Registrar **OR** email to [pjosephson@astate.edu](mailto:pjosephson@astate.edu).