



OFFICE OF ADMISSIONS, RECORDS AND REGISTRATION

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: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:		
Mark your current status: <input type="checkbox"/> New Student to VA and never used benefits before <input type="checkbox"/> Transfer Student (used benefits at another institution) <input type="checkbox"/> Continuing VA Student attending A-State <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a guest student (taking courses here to apply towards a degree at another institution you're currently enrolled in)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the name of the parent institution?	
Which VA Chapter will you be using for the semester indicated? <input type="checkbox"/> Chapter 30 – Montgomery GI Bill <input type="checkbox"/> Chapter 31 – VA Voc. Rehab <input type="checkbox"/> Chapter 33 – Post 9/11: _____% <input type="checkbox"/> Chapter 35 – Dependents/Survivors Benefits VA File #: _____ <input type="checkbox"/> Chapter 1606 – MGIB Selective Reserve/National Guard <input type="checkbox"/> Chapter 1607 – REAP Reserve Education Assistance	<i>If you are using chapter 33 benefits:</i>	
	Are you attending class, internship, or practicum at a location other than the A-State main campus in Jonesboro, AR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, what is the location?	
	What is the ZIP Code for this location?	
Check each type of aid that applies: <input type="checkbox"/> Federal Military Tuition Assistance <input type="checkbox"/> State Military Tuition Assistance <input type="checkbox"/> State Tuition Waiver – AR National Guard <input type="checkbox"/> Tuition paid by employer <input type="checkbox"/> Scholarship – Tuition and Fees Only <input type="checkbox"/> Other, specify below _____ <input type="checkbox"/> None of the above	Mark your current military status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Veteran (including retired)	
Branch of Service:		

Office of Admissions, Records and Registration
 PO Box 1570 • State University, AR 72467 • (870) 972-2031 • registrar@astate.edu

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 Admissions, Records, and Registration **OR** email to carma@astate.edu