



OFFICE OF THE REGISTRAR

VETERAN BENEFIT REQUEST FORM

Name: _____ IC ID #: _____ SSN #: _____

Address: _____

(City)

(State)

(Zip code)

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____ Date of Birth: _____

Benefit Requested (check one – even if you’re not sure):

Chapter 30

Chapter 33

Chapter 33 Transfer of Entitlement

Chapter 35 VA File #: _____ (Dependents only – must complete for Chapter 35)

Chapter 1606

Chapter 1607

Please check one: Undergraduate Graduate Credential

Entering Semester (first semester I plan to use my benefits):

Fall 20 _____

Winter 20 _____

Spring 20 _____

Summer 20 _____

List Major or Specific Credential: _____

Benefits last collected at: _____

(Complete only if enrollment was other than Ithaca College)

(over)

Please read and initial each statement -

___ My Ithaca College file must be complete in order to have my enrollment certified and be able to receive education benefits from the U.S. Dept of Veteran Affairs (V.A.). This includes an application for VA Benefits or Request for Change of Program or Place of Training (if you previously attended another institution), Discharge Papers (DD-214), if applicable, Copy of Certificate of Eligibility (COE) from the VA and any other supporting documentation as requested by the Ithaca College VA Certifying Official before an Enrollment Certification can be sent to the U.S. Dept of Veteran Affairs.

___ For payment purposes, courses I enroll in must be listed as degree requirements in my program of study as outlined in the Ithaca College catalog in effect when I enroll at Ithaca College.

___ I MUST attend class to receive my education benefits from the VA. It is my responsibility to immediately inform the Ithaca College VA Certifying Official of any changes in enrollment after certification has been forwarded to the U.S. Dept of Veteran Affairs. (For example: a change in my curriculum, if I drop or add courses, if I withdraw from a class or withdraw Ithaca College.) My education benefits are based upon the number of credits I am enrolled in. Any change MUST be reported to the VA.

___ I MUST notify the Ithaca College VA Certifying Official of changes on my billing statement. (For example: if I waive the mandatory Health Insurance or get charged any additional fees that the VA may pay for).

___ I will receive an email from the Ithaca College VA Certifying Official just before the start of each semester to verify that I will be attending the next semester. At that time, I will need to verify my Major and the number of credits I plan to enroll in for that particular semester. If I do not respond to the email, my enrollment will not be certified and I will not receive benefits for that semester.

Signature: _____ **Date:** _____