

EDUCATIONAL BENEFITS ENROLLMENT INFORMATION FOR CHAPTER 35

This form is for dependents of disabled/deceased Veterans

You must complete this form for every semester you want your hours certified

IMPORTANT CHANGE for CHAPTER 35s.

The VA is no longer allowing Certifying Officials to change Chapter 35 students' addresses. They are now giving that responsibility solely to you. The VA does not allow Chapter 35s to have direct deposit. If you have had a change of address, please notify the VA in writing. Be sure to include your social security number and your VA file number on all correspondence to the VA for proper identification. State in the letter that this is an address change and include the effective date. Neglecting to keep your addresses up to date with the VA WILL lead to very long delays in receiving your money.

Name: _____ Email: _____

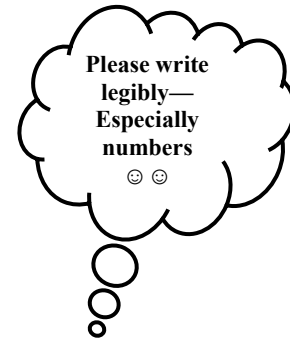
Mizzou email account

STUDENT #: _____ SS#: _____ VA CLAIM# _____

Address: **Required**

_____ Street _____ Apt # _____

_____ City _____ State _____ Zip _____



Phone: _____
Area code + number

Cell: _____
Area code + number

Present Degree Information: *Must be correct and up-to-date*

Pursuing (Circle One): **BS, BA, MS, MA, PhD, Med, DVM, JD, MD**

Major _____ College of _____ Department _____

GRADUATE STUDENTS: Have you been officially accepted into your degree program? Remember, the VA will not pay benefits to someone who has not been accepted into their grad program. Be sure you have confirmed this with your department. **IT COULD RESULT IN YOUR HAVING TO PAY MONEY BACK TO THE VA!**

YES _____ NO _____ NOT in Graduate school _____

Have you changed majors? Make sure that you are being certified for your current major. If your major has changed you must complete form VA22-5495:

_____ Yes ***please complete **VA Form 5495*****

_____ No

Proceed to page 2

Have you ever attended another College or University before attending MU, and did you **receive transfer credit toward your current program** of study?

YES___ NO___ If so, where?_____ Dates:_____ (Year)

Have you ever received VA benefits before attending MU?

YES___ NO___ If so, where?_____ Dates:_____ (Year)

Date of expected graduation:_____ This can be "best estimate"

Number of credit hours you are enrolled for:

Fall 2006: _____ **credit hours**

At this point you may not know exactly how many hours you are taking in the Winter 07. If you know that you will most likely be fulltime, place 12 credit hours in the space and you will be certified for the Winter as well.

Winter 2007: _____ **credit hours**

The VA will normally pay across the December Break. You have the option to NOT be paid during the break if you want to extend your benefit time. The time you are being paid & not in school, will be deducted from the total eligibility time. You need to consider this carefully.

Do you want to be paid across the break? Yes _____ No _____

**** If you need a letter for Champ VA (health insurance), please request one now. Letters are not automatically sent by this office. You must request a letter for each semester that you want your hours to be certified. There is a form at the VA Services offices to request this letter.**

Letter request?? YES___ NO___ I do not have CHAMPVA health insurance _____

If you have attended another university or changed your major since you last certified with this office, please complete VA form VA22-5495 in addition to this form. (We have the form in our offices)

Proceed to page 3

Please note: You and the University of Missouri are obligated, by law, to report your academic progress. By signing below, you are obligating yourself to the following: (please read & initial each statement)

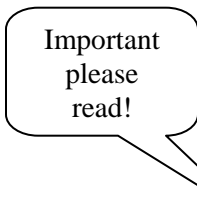
- I agree that if I withdraw from my classes or leave the university, for any reason, I will **notify IN WRITING OR EMAIL** the certifying official (MU Veterans Services in 230 Jesse Hall). (this includes graduation)
- I agree to promptly notify **IN WRITING OR EMAIL** the MU Certifying Official of ANY and ALL changes which occur in the information furnished in this form.
- I understand MU policy on satisfactory progress and MU procedures for adding, dropping and withdrawal from school. I agree that it is my responsibility to comply with these policies and procedures.
- I accept personal liability for any overpayment made to me by the VA which results from my failure to comply with MU policies and procedures, or VA regulations, and agree to refund such overpayment promptly to the VA or MU.
- I authorize the information furnished on this form to be released to the VA. I further authorize MU to submit, to the VA, any changes that may occur which affect my benefit payments and to share academic information as requested by the VA on my behalf.

Please make sure that you have filled in all of the blanks and remember, if we can not read it, it will cause a delay in getting you certified for your classes.

You must complete this form for every semester you want your hours certified

Signature: _____ Date: _____

**Please submit form to 230 Jesse Hall, Offices of Veterans Services
Carol W. Fleisher, FleisherCW@Missouri.edu**



IMPORTANT: If you change your major or increase/decrease your credit hours (to above or below fulltime), be sure to let this office know.
Your VA benefits are depending on it!

If you have questions, please feel free to visit our offices or email me at fleisherCW@missouri.edu I will be happy to assist you.