

SUNY CANTON
CERTIFICATION REQUEST FORM

****MUST BE COMPLETED PRIOR TO EVERY SEMESTER****

Completion of this form authorizes SUNY Canton to provide required information and to certify your enrollment for the specified semester to the U.S. Department of Veterans Affairs (VA). Fax: 315-386-7945 or Mail: Military & Veterans Student Services, Mac 612, 34 Cornell Drive, Canton, NY 13617.

Term Year: _____ Fall _____ Winterim _____ Spring _____ Summer

Name: _____
Last First Middle

Are you a: _____ Veteran _____ Dependent/Spouse of Veteran _____ Reserve/National Guard

SSN of student: _____ Canton ID: _____

VA Dependent Code #: _____ (SSN OF VETERAN - ONLY CHAPTER 35)

It is your responsibility to keep VA and SUNY Canton informed of changes in your contact information.

Address: _____
Street City State Zip

Phone: _____ Daytime Email: _____

Check the VA Benefit Program you are using or wish to use:

_____ **CH 33** (Post 9/11 GI Bill) _____ **CH 30** (Montgomery GI Bill - Active Duty)
_____ **CH 31** (Disabled/Voc Rehab) _____ **CH 35** (Survivors/Dependents Ed Asst Prog)
_____ **CH 1606** (Reserve/Guard)

Is this a change of VA benefit chapter from the previous semester? **Y or N**

Benefit Status:

Continuing Student: Have received benefits at SUNY Canton

New Applicant: Applying for VA benefits for the first time

Transfer student: Transferring from another institution where you used veterans benefits

What is your major? _____ Are you currently Active Duty? **Y or N**

Have you changed your major and/or program since your last certification request? _____

STATEMENT OF UNDERSTANDING (Please initial each line.)

1. I will report any registration changes (add, drop, S/U, withdrawal, etc.) to the certifying official. _____
2. I will notify the certifying official if I stop attending class(s). _____
3. I will notify the certifying official if I change my major or degree program. _____
4. I understand that grades "W" and "U" may result in reduced payment from VA. _____
5. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class. _____
6. I understand that repeated classes for which I have received a grade cannot be used for my certification. _____
7. I understand that if I fail to comply with the above, it can result in an over or underpayment of benefits. VA will hold me responsible for overpayment of my education benefits. _____
8. I would like to share my SUNY Canton e-mail with the Veterans Association. Yes No

My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request form each semester of attendance that I wish to receive benefits.

Signature: _____ Date: _____

Office Use: VAOnce _____ SGASTDN _____ INITIAL _____ DATE _____

Comments: _____