

Information Sheet for Claiming Veterans – TC4900A

SMU ID: _____ SSN: _____

Name: _____
(Last) (First) (Middle)

Local Address: _____
(Street) (City) (State) (Zip)

Phone: () _____ SMU Email: _____

Term (in which benefits will begin): _____

You will receive benefits as a (please check one):

- Chapter 106, Reserves & National Guard – New GI Bill
- Chapter 30, New GI Bill
- Chapter 33, Post 9/11 GI Bill
- Chapter 34, Service Began Prior to Jan. 1, 1977, GI Bill
- Chapter 32, Service Began From Jan. 1, 1977, to June 30,1985 – VEAP
- Chapter 35, Dependent of Veteran
VA Claim Number is required: _____
- Active Duty
- Chapter 31, Disabled Veteran

My degree goal: _____ Major: _____

Have you ever received benefits? Yes No

Is this your first term to receive benefits at SMU? Yes No

List all post-secondary schools, other than SMU, you've attended:

Date Attended	Institution

PLEASE READ CAREFULLY & SIGN.

I understand that overpayment of benefits may occur if I do not enroll for the above term, if I change the number of hours enrolled, or if I withdraw from the University. It is my responsibility to **immediately** notify the VA Certifying Official upon any reduction or increase in hours, or termination of enrollment.

(Signature) (Date)

RETURN TO: Veterans Administration Official
Registrar's Office
P.O. Box 750181
Dallas, TX 75275-0181
FAX: (214) 768-2507