

Information Sheet for Claiming Veterans – TC4900A

SMU ID: NONE SSN:

Name: (Last) (First) (Middle)

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

Phone: () Email:

Are you the veteran, spouse or dependent? [] Veteran [] Spouse [] Dependent
If veteran, please indicate branch of service:
Are your VA benefits paid under the Fry Scholarship? [] Yes [] No
Will you be receiving Tuition Assistance (not including VA benefits)? [] Yes [] No (If yes, please attach a copy.)
Will you be receiving any employment-based aid or assistance? [] Yes [] No

Term (in which benefits will begin):
NOTE: We cannot certify terms after 30 days past the term begin date.

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

- [] Chapter 1606, Montgomery GI Bill, Selected Reserve
[] Chapter 1607, Reserve Educational Assistance Program (REAP)
[] Chapter 30, Montgomery GI Bill
[] Chapter 31, Disabled Veteran
[] Chapter 32, Veterans Educational Assistance Program (VEAP)
[] Chapter 33, Post 9/11 GI Bill
Percentage of Eligibility Date Entitlement Ends
Months of Entitlement left
Has another institution certified you under Chapter 33 for the current academic year? [] Yes [] No (If yes, indicate school and dates below.)
[] Chapter 35, Survivors' and Dependents' Educational Assistance Program (DEA)
VA Claim Number is required:
[] Active Duty

Level of Study (Bach/Master): Master level Major: Subject: Business Analytics

Have you ever received benefits? [] Yes [] No
If yes, you must submit the VA Form Change of Program/Change of Place to VA and submit a copy to us.

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

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

Table with 3 columns: Institution, Dates/Terms Attended, Used VA benefits? (Multiple empty rows)

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Page 1 of 2

PLEASE READ CAREFULLY AND SIGN

I understand that overpayment of benefits may occur 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.**

I understand that I MUST request SMU (Registrar's Office) to certify me each semester I am enrolled.

I understand it is my responsibility to pay Southern Methodist University the sum of the aggregate unpaid balance in the event funds from Veterans Affairs are not received or payment does not cover the balance in full.

I understand that if I cease attending the certificate program I am responsible for paying back money to VA.

(Signature)

(Date)

Page 2 of 2