



Information Sheet for Claiming VA Education Benefits

SMU ID: _____ Date of Birth: _____ Last four of SSN _____

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

SMU Email: _____ Phone: (____) _____

Level of Study: Undergraduate Graduate Degree and Major: _____

I am the: Veteran/Service member Spouse Dependent

Veteran/Service member only: Branch of Service: _____

Active Duty? Yes No

Active duty only: Will you be receiving federal or state Tuition Assistance (TA)? Yes No

If yes, please submit a copy to enrol_serv@smu.edu

Will you be receiving employment-based tuition funding? Yes No

Benefit Information

I am receiving the following benefit:

- Chapter 30, Montgomery GI Bill®, Active Duty
- Chapter 31, Veteran Readiness and Employment (VR&E)
- Chapter 33, Post-9/11 GI Bill®

Percentage of Eligibility: _____

Months of Entitlement remaining: _____

Date Entitlement Ends (if applicable): _____

Has another institution certified you under Chapter 33 for the current academic year? Yes No

- Chapter 35, Survivors' and Dependents' Educational Assistance Program (DEA)

VA Claim Number: _____

Veteran Sponsor's Name (first and last): _____

Second VA Claim Number (if applicable): _____

Second Veteran Sponsor's Name (last, first; if applicable): _____

- Chapter 1606, Montgomery GI Bill®, Selected Reserve

I wish to begin using my benefit in the following term: _____

Please Review and Check the Statements Below

- I understand that I must request certification for each term in which I wish to use my VA educational benefits within 30 days of the first day of said term.
- I understand that I am responsible for knowing how much entitlement I have remaining.
- I understand it is my responsibility to pay Southern Methodist University the sum of the aggregate unpaid balance in the event funds from the U.S. Department of Veterans Affairs are not received or the payment does not cover the balance in full.
- I understand only degree required courses will be certified to VA. It is my responsibility to financially cover any course I choose to enroll in that does not meet degree requirements.
- I understand an overpayment of benefits may occur if I change the number of hours enrolled, withdraw from the University, or receive a grade of F for nonattendance. It is my responsibility to immediately notify the School Certifying Officials upon any change or termination of enrollment. I am responsible for repaying the Department of Veteran Affairs and/or Southern Methodist University the balance of any resulting debt.

Veteran/Service member Students (except Air Force):

- If I do not provide a copy of my Joint Service Transcript (JST) to Southern Methodist University, I give permission to the University to obtain a copy from the JST website.

Student Signature: _____ **Date:** _____

Received By:

School Certifying Official Signature _____ **Date:** _____