

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

Complete this form and submit it to the Financial Aid Office. A new form must be submitted each semester you intend to use your VA Education Benefits.

The following documentation must be included with this form when applicable:

- Certificate of Eligibility (COE) – Submit annually at the beginning of each academic year.

**Student Information**

Street Address                      City                      State                      Zip                      Phone

Academic Program                      Degree (e.g. BS, BA, MS, MA, etc.)

Academic Level (Check One):     Undergraduate     Graduate     Professional

**Enrollment Information**

Which semester will the benefit be applied:     Summer     Fall     Winter     Spring

Have you completed your registration for the semester?     Yes     No

Indicate the number of credit hours your will be enrolled in for each campus location:

North Campus: \_\_\_\_\_                      Medical Campus (Downtown): \_\_\_\_\_  
 South Campus: \_\_\_\_\_                      Online: \_\_\_\_\_                      Total combined credits: \_\_\_\_\_

Are you repeating a course?     Yes     No

If yes, list course(s): \_\_\_\_\_

**Benefit Information**

Branch of military service: \_\_\_\_\_

Indicate Chapter/Benefit:

- Ch. 30** (MGIB – Active Duty)                       **Ch. 31** (VR&E)                       **Ch. 1607** (REAP)
- Ch. 33** (Post 9/11 Veteran) % \_\_\_\_\_                       **Ch. 1606** (MGIB – Select Reserves)
- Ch. 33** (TOE; dependent/spouse) % \_\_\_\_\_                       **Ch. 35** (DEA) **File #** \_\_\_\_\_

**Additional Information**

**Will you need Student Medical Insurance through UB?**  Yes  No

NOTE: An annual medical insurance fee will be automatically billed in the fall semester. If you do not require student medical insurance, you can request a fee waiver. You must provide proof of private insurance coverage in person at the Student Medical Insurance Office at 1Capen.

**Are you a New York State Resident?**  Yes  No

If no, you must complete the [In-State Residency Short Form Active Duty & Veteran Application](#) located on the Student Accounts web page at [studentaccounts.buffalo.edu/residency](http://studentaccounts.buffalo.edu/residency).

**Are you receiving any other tuition based grants or scholarships (i.e. TAP, VTA, Military Tuition Assistance)?**  Yes  No

You must notify the Financial Aid Office if you change your enrollment at any time during the semester. This includes adding, dropping, resigning or withdrawing courses. Changes in course registration after the last day of the drop/add period may result in the retroactive loss of benefits which could revert back to the first day of the semester.

You will only be paid for those courses that meet the degree requirements for your program.

Chapters 30, 1606 and 1607 must continue to verify enrollment at the end of each month of the semester by web or toll-free number to receive payment of educational benefits. Visit [gibill.va.gov/wave](http://gibill.va.gov/wave) or call 877-823-2378.

**Certification and Signature**

**Please indicate that you understand and agree to the following:**

- Each semester, I will report my registration and any changes in my enrollment to Financial Aid.
- I must be enrolled in an approved program of study that leads to a degree or certificate.
- I understand that I will not be paid by the VA for classes previously passed at UB or other institutions.
- I will ensure that the classes I am taking are required by my program.
- I understand that an academic advisor's guidance is not an acceptable reason for taking classes that are not applicable to my program.
- I understand that I must maintain satisfactory academic progress

Student Signature

Date