

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.

Student Information

Street Address	City	State	Zip	Phone
Academic Program		Degree (e.g. BS, BA, MS, MA, etc.)		
Academic Level (Check One): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> 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.

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 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 understand that only degree-applicable courses will be considered in the certification evaluation. (Note: Your academic plan may consider your long-term goals and deviate from degree-applicable coursework. Your certification cannot include non-degree-applicable coursework for any reason.)
- I understand that I must maintain satisfactory academic progress.

Student Signature

Date