

Student Information (Please print)

First Name	Last Name	UB Person Number
Street Address	City	State
Zip Code	Phone Number	Branch of Service

Are you planning to retain or enroll in the UB Medical Insurance? Yes No

Undergraduate Student Enrollment Verification

What is your current career and academic level? Freshman Soph Junior Senior

What is your current major? _____

To which term will the benefit be applied? Summer Fall Winter Spring

Have you completed your registration for the term? Yes No

How many credit hours will you be enrolled in the term? 12+ 9-11 6-8 1-5

If this is your last term of study, have you applied for graduation? Yes No

Graduate Student Enrollment Verification

What degree are you currently pursuing? Certificate Masters Doctorate Professional

To which term will the benefit be applied? Summer Fall Winter Spring

Have you completed your registration for the term? Yes No

How many credit hours will you be enrolled in the term? 12+ 9-11 6-8 1-5

If this is your last term of study, have you applied for graduation? Yes No

VA Education Benefit Information (All students must complete this section)

Are you currently on Active Duty? Yes (Submit a completed Application of VA Benefits) No

Which benefit are you eligible to receive?

<input type="checkbox"/> Ch 30: Prior Active Duty	<input type="checkbox"/> Ch 35: Survivors & Dependents of Disable Veterans
<input type="checkbox"/> Ch 31 VA Vocation Rehab	<input type="checkbox"/> Ch 1606: Reservist/National Guard
<input type="checkbox"/> Ch 33: Veteran – Post 9/11 GI Bill	<input type="checkbox"/> Ch 1607: REAP
<input type="checkbox"/> Ch 33D: Dependent – Post 9/11 GI Bill	

Chapter 33 Recipients Only:

- Have you applied or do you plan to apply for the NYS Tuition Program (TAP)? Yes No
- Have you applied or do you plan to apply for the NYS Veterans Tuition Assistance award (VTA)? Yes No

Person Number: _____

Statement of Understanding (All students must complete this section)

I have requested the University at Buffalo to process my VA benefits in accordance to the rules and regulations that govern the VA Education Benefit Programs. Check the box to indicate that you have read, understand and agree to the following:

- I understand that **VA Education Benefits Certification Form** must be completed by the first day of each term that you wish to receive benefits. Failure to comply may adversely affect processing your benefits.
- I agree to report my registration status for each semester that I receive benefits.
- I understand that any change in registration may adversely affect my benefits
- I understand that I must be in an accepted major once I have attained junior status. (Undergraduate students only.)
- I understand that I must be enrolled in an approved program of study that leads to a degree or certificate.
- I understand that only degree-applicable courses: courses that count towards my major, UBC, and or free/restrictive electives are eligible to be covered by my VA benefits. (Undergraduate students only.)
- I understand that my benefits will not cover courses previously passed at UB or another institution.
- I understand that I must maintain Federal Satisfactory Academic Progress.
- I am responsible for paying any charges not covered by benefits.
- I am responsible for any overpayment as the result in a change in registration.

I understand that if I fail to comply with the above requirements, it may negatively impact my eligibility and could result in an overpayment or underpayment of benefits. Any overpayment becomes a debt incurred by me and must be repaid to the Department of Veterans Affairs in full before any future benefits are paid.

Signature: _____ Date: _____