SUU VETERANS RE-NEWAL CERTIFICATION FORM

IN ORDER TO RECEIVE VA BENEFITS THI FORM MUST BE FILLED OUT EACH SEMESTER

Name:		T#		
	er certifying for?			
Please 1	the following if applicable (for VA notification):			
Addres	s:			
	State:			
Phone:	Email:			
GI Bill	Chapter (check one):			
	Active Duty (30) ☐ Activated Guard/Reserves (1607)	□ Non-Activated Guard/Reserves (1606)		
	Post 9/11 (33) □ Post 9/11 TOE (33 TOE) □ Depen	dent (35) □ Vocational Rehab (31)		
	I will be using tuition assistance, scholarsl	nips and/or waivers: □ Yes □ No		
Have you changed your major/program since last semester? □ Yes □ No				
I	Are you aware of any upcoming deployments for y	our current unit? □ Yes □ No	□ N/A	
In sign	ing below I agree to the following:			
1.	1. I expressly give the SUU SCO permission to share my information (i.e. grades and tuition) with the			
	Department of Veteran Affairs (VA) and the Department of Defense (DOD).			
2.	2. While the VA will eventually pay my tuition upon eligibility I am still held responsible by the			
	University to ensure timely and accurate payment	of my tuition and fees.		
3.	3. I will notify the SUU SCO of any course/schedule changes this semester, as well as any change to my degree change.			
4.	4. I understand that in the event of receiving a W, UW or complete withdrawal I will be held responsible for money owed to the VA.			
5.	5. I will notify the SUU SCO of any change in my tuition and fees as the result of tuition waiver, institutional scholarships and/or waivers.			
6.	I will only receive payment for classes that are wi	thin my degree program.		
	I shall contact the VA for my monthly verification			
I ackn	owledge that failure to comply with guidelines	s published by the SUU SCO in co	mpliance with	
Vetera	ns Administration and State Approving Agency	regulations for satisfactory academi	c progress will	
automa	atically force the SUU VA Coordinator to termin	nate my VA educational benefits.		
Signati	ure	Date	Date	