

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Veterans Benefits Information

Request for Department of Veterans' Affairs Educational Benefits

Please Print

Name: _____ Banner ID: _____
First Middle Initial Last

Daytime Telephone Number: _____ VA File Number: _____

Have you ever attended Southern Illinois University Edwardsville? Yes No

If yes, did you receive V.A. Educational Benefits? Yes No

Present Program of Study:

- Bachelor's Degree
 Second Bachelor's Degree
 Master's Degree
 Second Master's Degree
 Specialist Degree
 Post- Baccalaureate Certificate
 Post-Master's Certificate
 Doctor of Pharmacy Degree

I am registered for for courses listed below for the _____ Term:

1	Subject	Course Number	Section Number	Number of Credit Hours	Check if Independent Study	Check if Repeating Course	Check if Auditing Course
2							
3							
4							
5							
6							
7							
8							

List courses for which you are registered – do not list courses you plan to add.

In order to receive Department of Veterans' Affairs educational benefits, I understand and agree to the following conditions:

1. I must be eligible.
2. I will receive benefits only for those courses within my program of study (or pre-requisites).
3. I will receive benefits only for those courses for which I have already been granted credit through enrollment at Southern Illinois University Edwardsville or through transfer credit.
4. I may receive benefits while repeating a course only if it required for my course of study and I have not previously completed the course with the minimum grade required by my program.
5. **I will report all adds/drops/withdrawals/class cancellations and changes of program to the Veterans Certification Officer immediately.**
6. This application must be signed and dated.

Student's Signature (Do not print)

Date