



Veterans Benefits Information

Request for Department of Veterans' Affairs Educational Benefits

Are you a veteran? Yes _____ No _____

Please Print

Name: _____ SID: _____
 Last First Middle

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 _____ Specialist Degree
 _____ Master's Degree _____ Second Master's Degree _____ Doctoral Degree

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

	Department	Course Number	Section Number	Independent Study	No. of Credits	Check if Repeat	Check if Audit
1							
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 Veteran's 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 not receive benefits for 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 is required for my course of study and I have not previously successfully completed the course.
5. **I will report all adds/drops/withdrawals/class cancellations and changes of program to the Veterans Certification office immediately.**
6. This application must be signed and dated.

 Student's Signature (Do Not Print)

 Date

Note: It is your responsibility to insure that the transcripts from the last college or university you attended have been transferred to SIUE before you can be certified.