



Veterans Benefits Information Form

Request for Department of Veterans' Affairs Educational Benefits

Name: _____ Banner ID: _____
First Middle Initial Last
 Daytime Telephone Number: _____ VA File Number: _____

I am enrolled in the courses listed below during _____ Term 20____
 Please check if you are submitting a revised VBI because you have added/dropped courses for the above term:
 Is the above term your first term of enrollment at SIUE? Yes No
 If yes, did you receive V.A. Educational Benefits at a previous school? Yes No
 Are you using Chapter 33 Post-9/11 GI Bill benefits for this term? Yes No

If yes, are you: A Veteran or Receiving benefits through Transfer of Eligibility
 You must provide us with a copy of your Certificate of Eligibility letter if you haven't already done so.

Post-9/11 GI Bill (Chapter 33) recipients please note the following:

- Chapter 33 pays tuition and fees at instate rates only, even if you are a non-resident student. You are responsible for the difference between non-resident and instate tuition and fees.
- Federal regulations require that any financial aid awards designated for the sole purpose of defraying tuition and fees be used before Chapter 33 benefits may be applied toward your tuition and fee charges. This aid, which includes but is not limited to the MAP grant, Illinois Veterans Grant, Illinois National Guard Scholarship, MIA POW scholarship, vocational rehabilitation, and child of employee tuition waivers, will be paid towards your tuition and fees first and the V.A. will reduce the amount of your Chapter 33 tuition and fee payment so the combination of funds doesn't exceed your total tuition and fee charges. Contact Student Financial Aid if you have questions regarding the use of your financial aid.

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

List only courses for which you are registered. If you add or drop courses, please complete a revised Veterans Benefit Information form.

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

In order to receive Department of Veterans' Affairs educational benefits, I undertake 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 may receive benefits while repeating a course only if it is required for my course of study and I have not previously completed the course with the minimum grade required by my program.
4. **I will report all adds/drops/withdrawals/class cancellations and changes of program to the Veterans Certification Officer immediately.**
5. This application must be signed and dated.

 Student's Signature (Do not print) _____
 Date