



## Registration Department VA Education Benefits

### Program Information

Please complete this form to enroll in VA Educational Benefits at KSU Professional Education. To assure proper benefits are received in a timely manner, please submit your **Certificate of Eligibility** and **VA Education Benefits Statement of Understanding** with this form.

Name:

Program Name:

Program Start Date:

Address:

City:

State:

Zip:

Email:

Phone:

Have you received benefits at another institution? Yes No

IF YES-have you completed VA form 22-1995 or 22-5495? Yes No

*(This form is required for transfer students receiving benefits at a new institution).*

If NO, have you applied for benefits? Yes No

Montgomery GI Bill Chapter that I am requesting to receive benefits under:

MGI (CH 30) Active Duty Veteran Status

Voc Rehab (CH 31) Service connected disability

Voc Rehab Counselor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Post 9/11 (CH 33) Active Duty after September 10, 2001 (please provide a copy of your DD214 Member 4)

Survivors and Dependents (CH 35) Dependents and spouses of deceased or 100% disabled Veterans.

## Registration Department VA Education Benefits

### Statement of Understanding

All information below is needed to process your benefits. Failure to complete this form in its entirety and provide all appropriate documents KSU School Certifying Official (SCO) will result in processing delays.

The VA School Certifying Official (SCO) assists veterans, reservists, guardsmen, dependents and survivors of veterans in processing their education benefits for use at Kennesaw State University. The SCO will certify enrollment to the VA for those students who are utilizing federal VA Education Benefits.

**Read this document thoroughly. Initial (only choose one) beside the benefit you plan to use and print name at the bottom.**

For **enrollment certification** for VA, I understand that:

- I am responsible for confirming that all payments due the university are paid. I am also responsible to reimburse the VA for any overpayment made by the VA.
- Repeated courses will not be certified.
- Any change in enrollment will be reported to the VA.
- Class beginning and ending dates (as shown in Lumens), as well as the number of clock hours registered/certified, will affect my VA benefits.
- To cancel my enrollment certification for a particular term, I will notify the SCO via email before the beginning of the program.

For **CH30 (MGIB)** I understand that: \_\_\_\_\_ (**initials**)

- I must verify my attendance at the end of each month while enrolled in school. I do so by calling 1-877-823-2378 or going online to [www.gibill.va.gov](http://www.gibill.va.gov).
- I understand that my monthly VA benefit payment is based on my certified hours and semester schedule.

For **CH31 or Vocational Rehabilitation & Employment (VR&E)**, I understand that: \_\_\_\_\_ (**initials**)

- Chapter 31 (Voc Rehab) students must verify through their Voc Rehab Counselor that their authorization to charge the university (for tuition/fees/books, and/or supplies) has been uploaded for the Certifying Official.
- Books and/or supplies may be charged on specific dates posted in the bookstore each semester.

For **CH33 (Post 9/11)**, I understand that: \_\_\_\_\_ (**initials**)

- The VA will send my book stipend directly to me not the school.
- I must pay any expense not covered per entitlement listed on VA Certificate of Eligibility (COE).
- Certificate courses currently offered by this college do not meet clock hour eligibility for BAH

For **CH35 (DEA)**, I understand that: \_\_\_\_\_ (**initials**)

- My monthly VA allowance is based upon my certified hours and semester schedule.
- I understand that my GI Bill does not pay my tuition up front.

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*I have read and understand this Statement of Understanding. Also, I have reviewed the [Student Reference Guide for VA Educational Benefits at KSU](#).*

Printed Name (in lieu of signature) : \_\_\_\_\_

Date: \_\_\_\_\_