

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? OYes ONo		
IF YES-have you completed VA form 22-1995 or 22-54 (This form is required for transfer students rece		stitution).
If NO, have you applied for benefits? OYes ONo		
Montgomery GI Bill Chapter that I am requesting to receive bene	efits 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 (plea	ase provide a copy of you	ır DD214 Member 4)
☐ Survivors and Dependents (CH 35) Dependents and spouses of	of deceased or 100% disa	bled Veterans.
☐ Selected Reserve Educational Assistance (CH 1606)		



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 (<u>only choose one</u>) 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.
- 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) and 1606, 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.



Registration Department VA Education Benefits

Prior Education Transcripts

Students utilizing VA Education Benefits are required to submit transcripts for all post-secondary education training

received, even if VA Education Benefits were n	ot used. Please select an option below:
	tion training and therefore do not have any transcripts to be reviewed. ning and will submit all transcripts for review*
•	n be sent via email to <u>cefinancialaid@kennesaw.edu</u> , via fax to 470-lay between 9am-2pm to the Enrollment Office at the KSU Center,
Please list all prior institutions from which you	will be requesting transcripts:
	·
I have read and understand this Statement of U for VA Educational Benefits at KSU.	Understanding. Also, I have reviewed the Student Reference Guide
Printed Name (in lieu of signature):	Date