 **SUNY** ADIRONDACK

Veteran Certification

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**REQUEST FOR CERTIFICATION OF VETERANS’ EDUCATION BENEFITS (REQUIRED)**

If you are a veteran or a dependent of a veteran and would like SUNY Adirondack to certify your Veterans’ Education benefits, it is your responsibility to request certification each semester. Please complete this form and submit it to Melissa Cooper in the Registrars’ Office.

**Student Name:**

Last First Middle Initial

**Banner ID:** **SSN:**

**Address:**

Street City State Zip Code

**Phone Number:**  Cell: Email:

**Major:**

Are you a: Veteran Dependent/Spouse of a Veteran Reserve/National Guard/Active Duty

**Please Check the VA Benefit program you are using:**

CH33 (Post 9/11 GI Bill) CH31 (VOC Rehab) CH32 (Post Vietnam Vet)

CH35 (Widow/Child) If Chapter 35, the veteran’s VA file Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VA File Number)

CH1606 (Reserve/Guard) CH1607 (REAP) CH30 (Montgomery GI Bill-Active Duty)

**If Chapter 33, your eligibility percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%**

**Length of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you requested your Official Joint Services Transcript be sent to the Registrar?** Yes No

**Have you had a meeting with Ruben Acevedo, the State Veteran Counselor?** Yes No

**Do you have a service connected disability?** Yes\* No \* If yes, what percentage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

**For which semester would you like us to certify your benefits?**

SUMMER FALL WINTER SPRING

**Are all of your courses online?** Yes\* No \* Please note this will impact BAH

**Are you taking courses at Wilton?** Yes\* No \* If yes how many credits \_\_\_\_\_\_\_

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**(Signature Required)**

**Have you applied for financial aid (FAFSA and TAP)?**

Yes, I have applied for both already. Not yet, but I plan to apply for both. No, I do not plan to apply for either one.

**Is SUNY Adirondack your primary institution?** Yes No\*

\*If no, please provide the name and address of your primary institution. Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

**Please review and initial the Following Information:**

* I understand that I am responsible for enrollment and parking fees.
* I will report any registration changes (add, drop, withdrawal, etc.) and address/phone or major changes to certifying official.
* I understand that if I am a Chapter 33 (Post 9/11) Veteran and I make changes to my schedule, it may affect my housing allowance.
* I understand any class changes could result in a delay of payments.
* I understand that a grade “W” may result in reduced payment from the VA.
* I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class.
* I understand that repeated classes for which I have received a passing grade cannot be certified to the VA.
* I understand that only courses which satisfy graduation requirements will be certified. \*Except in special circumstances.
* I understand that if I fail to comply with the above, it can result in an over or under payment of benefits. VA will hold me responsible for over payment of my education benefits.

**Please Note: The VA will certify claims in the order received. Omitted information can result in delays.**

**My signature below indicates that I understand the above guidelines, and that I know I must complete a new Veterans Certification Request form for each semester for which I wish to receive benefits.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only:**

Semester Certified: Summer\_\_\_\_\_\_\_ Fall\_\_\_\_\_\_\_\_\_ Winter\_\_\_\_\_\_\_\_ Spring\_\_\_\_\_\_\_\_\_

Number of Credits: ­­­­­\_\_\_\_\_\_\_\_ Clock Hours: \_\_\_\_\_\_\_\_

All Credits towards Degree: Yes No \* If No, write course(s) not toward degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1995 Change of Place: Yes No

COE on file? Yes No

Ready for Submission in VA once. Yes No Certified in VA Once on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Updated in SGASTDN? Yes No Employed? Yes No

REV. 3.26.19MC