

## Request for Veteran's Benefits

Return to Student Affairs. Must be completed each semester to ensure benefit processing.

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID# \_\_\_\_\_ Current Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ VA File Number (if different from SSN): \_\_\_\_\_

**Degree at Edison:** (check one)

- Associate of Science
- Associate of Arts
- Associate of Applied Business      List Major & Option: \_\_\_\_\_
- Associate of Applied Science      List Major & Option: \_\_\_\_\_
- Associate of Technical Study      List Major & Option: \_\_\_\_\_
- Certificate program      List Major & Option: \_\_\_\_\_

- I am a Guest Student (**Note:** A signed letter from your home school academic advisor must be attached stating the course(s) you are taking at Edison apply towards your degree program at your home school.)

**If you have changed your degree or certificate program or your major or option, you must complete the VA's Request for Change of Program form and return it to Student Affairs. Chapter 35 recipients must complete VA Form 22-5495. All other chapters must complete VA Form 22-1995.**

**Current Registration Term:**    \_\_\_ Summer                      \_\_\_ Fall                      \_\_\_ Spring                      Year \_\_\_\_\_

Type of Educational Assistance Program Used ( <b>check one</b> )			
	Chapter 30 (Montgomery GI Bill)		Chapter 1606 (formerly 106)
	Chapter 33 (Post-9/11 GI Bill)		Chapter 1607 (REAP)
	Chapter 35 (survivors and dependents)		Chapter 32 (VEAP)

**I have: (check the appropriate box)**

- attached my Certificate of Eligibility to this request
- previously submitted my Certificate of Eligibility to the Veteran's Representative

**If applicable, I have: (check the appropriate box)**

- attached my DD-214 to this request
- previously submitted my DD-214 to the Veteran's Representative

**CHANGES TO ENROLLMENT AFTER CERTIFICATION IS MADE MUST BE REPORTED ON THE "VA NOTICE OF CHANGE IN STUDENT SCHEDULE" FORM AND RETURNED TO STUDENT AFFAIRS.**

Department	Number	Course Title	Credit Hours

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I verify that courses for which I am registering (1) are required for the above stated degree, (2) are not unnecessary repeats, and (3) will not exceed total credit hours required for the above degree.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_