

Veteran Student Status Form

Last Name	First Name	M.I
VA File Number	SUNY Cobleskill I.D.	VA Educational Entitlement (Select One)

What is your mailing address?

What is your phone number?

What is your email address?

What is your Major?

How many credits will you be taking?

Last College Attended?

Last Semester attended (semester/year)?

Did you collect VA Educational benefits at that institution (select one)? YES NO *If Yes, please submit form VA 22-1995*

STATEMENT OF UNDERSTANDING FOR RECEIPT OF VETERANS EDUCATIONAL BENEFITS

As a Veteran, Active Duty Service Member, a Veteran's spouse or dependent receiving educational assistance from the Veterans Administration, I understand that I am required to COMPLETE and SUBMIT a SUNY Cobleskill Student Status Form at least 10 business days before each semester in order to receive VA educational entitlements AND during the semester if any of the following enrollment changes occur:

- I am required to notify in writing the SUNY Cobleskill Certification Officer within 10 business days if I change my credit hours (add or drop classes) _____ (student's initial)
- I am required to notify in writing the SUNY Cobleskill Certification Officer if I am repeating a course that I have already earned a letter grade for _____ (student's initial)
- I am required to notify in writing the SUNY Cobleskill Certification Officer within 10 business days if I stop attending class _____ (student's initial)
- I am required to notify in writing the SUNY Cobleskill Certification Officer within 10 business days if I change my major _____ (student's initial)
- I am required to notify in writing the SUNY Cobleskill Certification Officer within 10 business days if my mailing address, phone number, or email address changes _____ (student's initial)
- I am responsible for all debts that I incur and must be repaid to the Department of Veterans Affairs. _____ (student's initial)

I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE ABOVE REQUIREMENTS IT CAN RESULT IN AN OVERPAYMENT, AND/OR UNDERPAYMENT, AND/OR NONPAYMENT OF BENEFITS.

Please note that this form can be emailed to Rebecca Burton, SUNY Cobleskill Certifying Official at financialaid@cobleskill.edu and/or faxed to us at (518) 255-5844. In order for Chapter 30, 1606 and 1607 payments to be released, you must also verify attendance with the VA starting the last day of the month. You will need to either call the IVR (interactive voice response) system or access the WAVE (web automated verification of enrollment). **Access is available 24/7 at: IVR 1-877-823-2378 or WAVE** <http://www.gibill.va.gov>

**I hereby certify that I have read, initialed, and fully understand the requirements outlined above.
If submitting electronically, please print your name. Your printed name will serve as your signature for certification purposes.**

Signature	Date
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PLEASE KEEP A COPY FOR YOUR RECORDS Please remember that this form is for YOUR protection, so it is important that you provide timely and accurate information regarding your enrollment status.

• The State University of New York at Cobleskill, Financial Aid Office, PHONE (518) 255-5623 • FAX (518) 255-5844 • EMAIL financialaid@cobleskill.edu •