



REQUEST FOR VA BENEFITS

Name: _____ File # or SS # _____
Term Requesting Certification: _____ Program of Study _____

Check one: new returning student transfer student

Chapter 30 ___ Chapter 32 ___ Chapter 1606 ___ Chapter 1607 ___ Chapter 35* ___ Chapter 33 ___ Yel.Rib ___

*Chapter 35 dependent or spouse must provide name and file number of person transferring benefits.
Name _____ File # _____

Student Responsibility for Receiving VA Benefits (read & initial)

- ___ 1. All courses that are not successfully completed must be reported to the Veterans Administration.
- ___ 2. Any change in your registration, e.g. add/drop, must be reported to the VA Certifying Official in the Registrar's Office as soon as possible.
- ___ 3. Withdrawal during the semester from the college must be reported to the VA Certifying Official immediately.
- ___ 4. You must maintain satisfactory academic progress toward the educational objective on your VA Application of Benefits.
- ___ 5. You must pursue the course work as outlined in the college catalog and as required by your department for your selected curriculum. This program must be the same as indicated on the VA Application of Benefits. Courses enrolled in that are not listed in the catalog will not be certified for benefits.
- ___ 6. The VA will not pay for repeated courses unless the course is a graduation requirement and was not passed the first time taken.
- ___ 7. The VA will not pay for auditing courses.
- ___ 8. Any change in program must be reported to the VA Certifying Official as soon as possible. You may change to a new program one time without prior VA approval. A Chapter 35 recipient must get prior VA approval before changing programs.
- ___ 9. **Student is responsible for balances unpaid by VA. Payment for balances due must be arranged through the Bursar's office prior to registration for the following semester. Failure to do so will result in a registration block for continuing students and graduating seniors will be placed on a diploma/transcript hold.**

I have read the above and I understand my personal responsibilities in claiming VA benefits. I realize that McDaniel College is responsible for communicating accurate enrollment data to the Veterans Administration and that any failure on my part to comply with the above conditions jeopardizes my continued receipt of VA educational benefits.

SIGNATURE _____ DATE _____

This Form Must be Completed Each Semester Benefits are Requested
And Returned to the VA Certifying Official in the Registrar's Office