

VETERANS EDUCATIONAL BENEFIT WORKSHEET

This form must be COMPLETED AND RETURNED each semester before certification will occur.

AFTER THIS FORM IS COMPLETED AND WITH CLASS SCHEDULE ATTACHED (With Name Shown) HAND CARRY, FAX(812) 941-2351, OR EMAIL howellj@ius.edu TO THE VA CERTIFYING OFFICIAL IN THE REGISTRAR'S OFFICE

VA Student Information

NAME (Print Legibly):	<input style="width: 90%;" type="text"/>		
Student ID #:	_____	VA File #:	XX-not needed-XX
Current Address:	_____ _____		
Phone #:	_____		
Email:	_____ (Use Email address other than IUS if available)		
Degree Objective:	_____		
Expected Graduation Date:	_____		

CHAPTER (Check One)	
30	<input type="checkbox"/>
31	<input type="checkbox"/>
33	<input type="checkbox"/>
35	<input type="checkbox"/>
<small>Post 9/11 GI Bill</small>	
1606	<input type="checkbox"/>
1607	<input type="checkbox"/>

Indicate Hours taken and year for which you are seeking benefits (Should correspond to attached class schedule):

Spring...Hours Taken <input style="width: 40px;" type="text"/>	Summer...Hours Taken <input style="width: 40px;" type="text"/>	Fall...Hours Taken <input style="width: 40px;" type="text"/>	Year <input style="width: 40px;" type="text"/>
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Are you repeating any course? Yes No If yes, which ones: _____
(Also Indicate on class schedule)

Do you have any courses that Do Not Meet the entire length of the semester? Yes No If yes, which ones: _____
(Also Indicate on class schedule)

Courses that DO NOT meet the entire length of the semester are only included during the period that they meet. The VA will exclude them during the rest of the semester when deciding how much you will be paid.

If you have changed your program/major you must notify the VA Certifying Official.

Changes in course enrollment after certification has been submitted to the VA may result in the retroactive loss of benefits unless the VA finds mitigating circumstances involved in the change. Loss of benefits could revert back to the first day of class. Courses added during drop/add period are considered by the VA to begin on the date the course was added, not the first day of the semester.

I UNDERSTAND THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME. I understand that I will be liable for any overpayment that I might receive from the VA. Listed above are all courses I am repeating, if any. I will notify the VA Certifying Official if I drop or withdraw from any course during the term.

I AM AWARE THAT I MUST COMPLETE THIS FORM EACH SEMESTER.

Signature _____ Date _____

*Electronic Signature OK - Type Name Here

Certifying Official Initials _____ Date Certified _____