REQUEST FOR VA EDUCATIONAL BENEFITS

LAST NAME     FIRST NAME     M.I.
STUDENT ID NUMBER     DAY TIME PHONE NUMBER     NEW E-MAIL?

WSU E-MAIL ADDRESS

MAJOR
ISP/DCE/VEOP/OTHER

NAME OF DECLARED DEGREE PROGRAM

CIRCLE—--------IF YOU ARE YOU CLAIMING BENEFITS AS A:
Veteran     Reservist     National Guard Member     Vocational Rehab     Dependent

CIRCLE: BRANCH OF SERVICE
Air Force     Army     Coast Guard     Marine Corps     Navy

HAS YOUR HOME ADDRESS or PHONE NUMBER CHANGED SINCE LAST CERTIFIED FOR BENEFITS? Yes, No
List new changes:

CIRCLE: SEMESTER OF REQUEST
FALL     WINTER     SPRING 8WKS     SPRING/SUMMER 13WKS     SUMMER 8WKS

CIRCLE: YEAR OF REQUEST: 2006     2007     2008     OTHER___________

CREDIT HOURS TO BE CERTIFIED (REGISTERED FOR) :

Note: Credit Load required for Full Time Benefit Pay varies during accelerated Spring/Summer terms and for GRAD students.

1) Are you currently a non-degree seeking student? YES     NO (Not to be confused with “No Major Declaration”.)
2) Are you enrolled in a Post Bachelors or Post Masters Certificate Program? YES     NO
   i) If yes, name of Certificate Program:

3) Are you currently on academic probation? YES     NO
   i) How many semesters have you been on Academic Probation: 1     2     3
   ii) As a result of which semester did you acquire this status? _______________________

Benefits will be terminated after three semesters on academic probation.

4) Are you a VETERAN who is now a National Guard Member? Army NG     Air NG     N/A

5) Undergraduate students circle how many hours you have completed Greater than 60 credits     OR     Less than 60 credits.

6) Please note total transfer credits accepted by WSU: ____________
8) Are you a member of an ROTC unit? ----------------------------------------------- YES NO IF YES: EMU / UofM / MSU

9) Transfer student’s have your transfer credits been evaluated? YES NO N/A
If NO, then your paperwork may be delayed after second semester with WSU.

10) Are you a Guest Student at a second institution college or university? YES NO N/A
   i) If yes, name of Parent Institution:
   ii) Name of Secondary Institution:

11) Are you registering for any repeat, deficiency courses or auditing a class?---YES NO
   iii) Course: ____________________________________

12) Are you participating in Practical Training, Clinicals, Internship, Co-Op or enrolling in an on line course? YES NO
If YES title of course or program is: ________________________________

13) Have you changed your MAJOR and lost 12 credit hours or more towards completion of your degree?---YES NO
   iv) Name of New Program: __________________________________
   v) Hour Loss: ___________________________________________

14) Have you requested Military Transcripts to be sent to WSU?---YES NO N/A

15) Juniors, Seniors, Graduates have you turned in your Plan of Study to OMVEB? YES NO
   If NO, then your paperwork will be delayed.

16) Are you currently working on completing an Incomplete (I) or Deferred (Y) grade received within the past academic year? YES NO
   vi) Course Title: __________________________ Course Number: ________

Note: Your benefits will be interrupted if fail to replace I grade or Y grade, within 1 year time frame.

TEMPORARY OR PERMANENT LOSS
OF BENEFITS MAY OCCUR WHEN!!

(1) You fail to officially withdraw, and receive a punitive failing ‘F’ grade. The DVA requires you to verify last date of attendance. Failure to do so may result in overpayments effective first day of term.

(2) You are on Academic Probation for more then 2 semesters.

(3) You receive a non-punitive I grade (Incomplete) or Y grade (Deferred) and after 1 year of earning it fail to make up OR report the grade once changed to the Wayne State OMVEB.

(4) You have reached your DELIMINTING DATE (10 yrs for vet/spouses/14 for reservist/age 26 for children of veterans) Exceptions may apply

(5) Your ENTITLEMENT is exhausted. (36 mos for chapter 30 and1606 and 1607 /45mos, for chapter 35 ) Exceptions may apply.

STUDENT AKNOWLEDGEMENT
I acknowledge that I must personally notify the Department of Veteran Affairs via the Office of Military and Veterans Educational Benefits (OMVEB) immediately upon making changes in my elected program, including complete withdrawal from classes. Additionally, I authorize the exchange of information related to my education benefits and academic program between the OMVA and other University offices and the Department of Veterans Affairs.

STUDENT SIGNATURE DATE

FOR VA OFFICE USE ONLY

Hours Certified: _______________ Date Certified: _______________

Signature of Certifying Official

Subsequent Change of Hours (Manual Check): __________________________