

**VIRGINIA TECH**  
**Office of the University Registrar**

250 Student Services Building, Mail Code 0134  
Blacksburg, VA 24061

ph: (540) 231-6252  
email: [veteran@vt.edu](mailto:veteran@vt.edu)

**VAEB FORM**  
**2007-2008 Request for Certification of Enrollment**  
**Veterans Affairs Educational Benefits**

Name _____		Student ID Number (required) _____	
V.A. File No. (required for Ch. 35) _____	Social Security No. _____	Date of Birth _____	
Street Address _____	City _____	State _____	Zip Code _____
( ) _____	( ) _____	_____	
Local Phone Number _____	Daytime Phone Number _____	E-mail Address _____	

Is this a change of address that you would like us to report to the Dept. of Veterans Affairs? Yes  No

**Current Academic Level:**  Freshman  Junior  Graduate\*  Associate  
 Sophomore  Senior  Doctoral\*  Professional (Vet Med)

**\*NOTE FOR GRADUATE OR DOCTORAL STUDENTS:** *Once you have received a copy of your Plan of Study and an assessment from your department for any credit you will receive from prior training and/or experience, you must provide our office with a copy. **Failure to do so will impact your eligibility for V.A. benefits.***

**Degree Sought:**  Associate  Ed.D.\*  Initial Teacher Certification  
 Bachelors  Ph.D.\*  Other: \_\_\_\_\_  
 Masters\*  D.V.M.

**Major:** \_\_\_\_\_

**IMPORTANT NOTE:** *In order to receive certification for courses required for a double major, you must have applied for your degree for both majors. **Failure to do so will impact your eligibility for V.A. benefits.***

Student's Initials (for double majors only):

**Double Major:** (if applicable) \_\_\_\_\_ **\*Initial note above**

**V.A. Status:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chapter 30 (Veteran)                      | <input type="checkbox"/> Chapter 31 (Voc. Rehab)             | <input type="checkbox"/> Chapter 32 (VEAP) |
| <input type="checkbox"/> Chapter 1606 (National Guard or Reserves) | <input type="checkbox"/> Chapter 35 (Dependent of a Veteran) | <input type="checkbox"/> Active Duty       |
| <input type="checkbox"/> Chapter 1607 (REAP)                       |  |  |

**Attendance at Other Schools:** *If you have ever attended another college or university; please list the school and dates attended:* \_\_\_\_\_

List the schools at which you have received V.A. educational benefits: \_\_\_\_\_

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**Enrollment Status/Expectation:** Please list the NUMBER of credit hours for which you intend to enroll and for which you would like to receive V.A. educational benefits. **Per V.A. requirements, each course for which you receive benefits must count as progress toward your degree/educational objective. If you reduce your enrollment, you must notify a staff member so this office can adjust your certification with the V.A. Failure to do so will result in being charged an overpayment by the V.A.** If you plan to enroll for more than one term/semester with no break in your enrollment, you may apply for all of those terms using one request form.

1<sup>st</sup> Summer Session 2007: No. of Hours: \_\_\_\_\_  
(5/21/07-6/30/07)

Fall Semester 2007: No. of Hours: \_\_\_\_\_  
(8/20/07-12/13/07)

2<sup>nd</sup> Summer Session 2007: No. of Hours: \_\_\_\_\_  
(7/2/07-8/11/07)

Spring Semester 2008: No. of Hours: \_\_\_\_\_  
(1/14/08-5/7/08)

**STUDENT AUTHORIZATION AND ACKNOWLEDGMENT (READ CAREFULLY)**

*I acknowledge my obligation to notify the Virginia Tech Office of the University Registrar and the U.S. Department of Veterans Affairs of any changes in my address, enrollment, major, or progress toward degree (educational objective). I understand that if I do not comply with the items listed on this sheet, the U.S. Department of Veterans Affairs could cease my educational benefits and charge me with an overpayment.*

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*This request will not be processed without student's signature.

**OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY**

<b>Class Level:</b>	<b>Hours Enrolled:</b>	<b>Total VT Hours:</b>
<b>Curriculum:</b>	<b>Transfer Hours:</b>	<b>Total Other Hours:</b>
<b>Graduate POS:</b>	<b>Program Reported:</b>	<b>PC Reported:</b>

Notes: \_\_\_\_\_  
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