# Plymouth State University
# VA INFORMATION SHEET

**Plymouth State University**
Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345
Fax (603) 535-2724

NAME: _____ DATE OF BIRTH: _____
*LAST FIRST M.I.* *month/day/year ie: MM/DD/YEAR*

PSU Student ID (if known): _____ Are you on ACTIVE DUTY now? ☐ Yes or ☐ No

Declared Major at PSU? _____ Do you receive Federal Tuition Assistance? ☐ Yes or ☐ No

Address (you want VA to have) _____ S.S. #: _____

_____ VA File#: _____
*(For Chapter 35 Recipients and Chapter 33 TOE Recipients)*

Home phone #: _____ Local Phone#: _____

Email address to be shared with the VA: _____

Did you receive VA Education Benefits at any previous institution? *(please check one)* ☐ Yes or ☐ No

*If yes, Please indicate last school attended while receiving benefits:*_____

Which benefit do you wish to be certified for: (to determine this, please go to the VA's website at *http://www.gibill.va.gov/*)
**(Please check one)**

☐ A. **Chapter 30**
*MGIB-AD*
*Montgomery GI Bill® – Active Duty*

☐ B. **Chapter 31**
*VA Vocational Rehabilitation*

☐ C. **Chapter 32**
*VEAP – Post-Vietnam Veteran's Educ. Assist.*

☐ D. **Chapter 33**
*Post 9/11 GI Bill®*

☐ E. **Chapter 35**
*DEA - Survivors & Dependents Educ. Assist.*

☐ F. **Chapter 1606**
*MGIB-SR*
*Montgomery GI Bill® – Selected Reserve (Reserves or Nat'l Guard)*

☐ G. **Chapter 1607**
*REAP – Reserve Educ. Assist. – Activated Reserves or Nat'l Guard having served under Title 10 Contig. Oper.*

Other: _____
(If we have not given you a choice of the benefit you believe you need to be certified for, please explain!)

Please indicate the semesters/terms you wish to receive benefits for and the credits you *expect to take* for each:

***UNDERGRADUATE***

| | ***Year*** | ***# anticipated credits?*** |
|---|---|---|
| Summer | 20___ | ____ |
| Fall | 20___ | ____ |
| Winter | 20___ | ____ |
| Spring | 20___ | ____ |

Other (please explain): _____

***GRADUATE***

| | ***Year*** | ***# anticipated credits?*** |
|---|---|---|
| Summer | 20___ | ____ |
| Fall | 20___ | ____ |
| Winter | 20___ | ____ |
| Spring | 20___ | ____ |

Other (please explain): _____

Are you/do you expect to be enrolled in any courses that do not last the full length of the semester/term? ☐ Yes or ☐ No

Please be aware that we must certify your actual course attendance dates for each individual course, not the standard semester/term dates. This will affect the amount of money the VA will award you for the month! These dates are frequently different for *online* courses and *Graduate* courses. Once reported to the VA, they will determine what their regulations specify for your monthly award.

□ I am aware that changes in my registration may alter the payment the VA will award me, and that I will be liable for any overpayments.
□ I will notify the Certifying Official immediately, in writing, of any changes that I make to my schedule, so that this can be reported to the VA in a timely manner.

**Student Signature: _____ Date: _____**