



UNIVERSITY AT ALBANY

State University of New York

Veterans Affairs Information Form

Please note: You must fill out a new form for each semester you would like to receive benefits.

Veteran Services
Campus Center G-26
www.albany.edu/sfc
uaveteran@albany.edu
Phone:(518) 442-5514
Fax: (518)442-3333

Student Name: _____

Albany ID # _____ S.S.N # _____

What Chapter are you?

- | | |
|--|--|
| <input type="checkbox"/> 1606 (Reserve / Guard) | <input type="checkbox"/> 1607 (REAP Reserve to duty after 9/11/01) |
| <input type="checkbox"/> CH 31 (Disabled / Voc. Rehab) | <input type="checkbox"/> CH 30 (Montgomery GI Bill - Active Duty) |
| <input type="checkbox"/> CH 33 (Post 9/11 GI Bill)* | <input type="checkbox"/> CH 35 (Survivors / Dependents Ed. Asst. Prog.)* |

*CH 33 Percentage _____

*CH 35 VA File # _____

Are you a **Veteran/Service Member** **Dependent**

Branch: **Army** **Navy** **Marine Corps** **Air Force** **Coast Guard**

How much remains of your entitlement? _____ Months _____ Days

Are you an **Out-Of-State Resident**? **Yes** **No**

What will be your status on this upcoming term?

- Continuing Student: Have received benefits at UAlbany before.
- New Applicant: Applying for VA benefits for the first time (Certificate of Eligibility required).
- Transfer Student: Transferring from another institution where you used Veteran benefits (new Certificate of Eligibility required with change of home school).

Undergraduate: **Graduate:** **Non-degree*:**

Major or Program of Study: _____

Credits you are registered for this semester: _____ Semester/Year: _____

Do you have a Graduate Assistantship?: YES NO (Grad students only)

Do you have TA (Tuition Assistance)?: YES NO

If So: Guard Reserve

REVERSE SIDE MUST BE COMPLETED AND SIGNED

FOR OFFICE USE ONLY

Received By _____ Received On _____ Method of Transfer: Email / Office / USPS
 New Student: Y/N Counseling Done : Y/N Counseled On: Late Fee ___ Residency ___ SHIP ___ Alumni Fee ___ Course Disclaimer ___
 Certified On: _____ For \$ _____ Received Payment On _____ For \$ _____ Adjusted T&F _____ Received \$ _____
 Comments: _____

Disclaimers

Student Health Insurance Program (SHIP) Disclaimer: All full-time undergraduate students are automatically billed for health insurance during the Fall and Spring semesters. You may opt out of the health insurance charge by completing the waiver form online and providing your current health insurance information by the mid-point of the semester. If you choose to remain enrolled and are eligible for benefits under CH33 or CH31, your respective GI Bill benefits will cover the health insurance charge. If you are not covered under the above listed GI Bill benefits and you do not opt out by the mid-point of the semester you will be responsible to pay the full amount for the health insurance charge. _____ (Initial)

Alumni Fee Disclaimer: This is an optional fee automatically billed to you in the Fall and Spring semesters if you are taking 6 or more credits at the university. Your GI Bill benefit will not cover this charge and you will be responsible for paying this fee to the university out of pocket. You may opt out of this fee by the mid-point of the semester, however if you fail to opt out by the deadline the fee must be paid. _____ (Initial)

Residency Disclaimer: All veterans and some qualifying veteran dependents may be eligible for In-State tuition rates. Please be sure to inquire about this and submit the necessary documentation in order for adjustments to charges to be made. _____ (Initial)

Course Disclaimer: In order to certify your GI Bill benefits, all of your courses must count towards your program of study. If for some reason a course does not count it will not be certified for benefits. This means that you could be registered for 12 credits (full time) but if one class doesn't count you will only be certified for 9 credits (3/4 time) and the payment of your benefits to both you and the university (if applicable) will reflect this. It is your responsibility to ensure that your courses count towards your graduation requirements and you are not taking any excess electives or courses which do not apply to your program. If a course should apply to your program but is not reflected accurately on your degree audit (can be accessed from your *MyUAlbany*) then notify your advisor so they can make the necessary adjustments in order for the course to be reflect accurately on your audit. _____ (Initial)

Please note: Actual course dates are reported to the Department of Veterans Affairs, which means enrolling in 8-week or mini session courses can affect your rate of pursuit (full-time versus part-time). If you withdraw from any courses, it must be reported to the Department of Veterans Affairs. Course withdrawals that change your status from full-time to part-time will affect your payment rates. If you adjust your registration or withdraw from the University, it is your responsibility to notify the Veterans Certifying Official in the Student Financial Center immediately. Failure to notify us promptly will result in overpayment and subsequent debt to the Department of Veterans Affairs or the University. _____ (Initial)

By signing this form I understand my responsibilities as a recipient of Veteran's benefits and authorize the University at Albany Veteran's certifying official to release my academic information to the Dept. of Veterans Affairs.

STUDENT SIGNATURE: _____ DATE: _____

ADDRESS: _____

PHONE #: _____ UAlbany email: _____

Please note: E-mail is an official means of communication at the University and messages from the campus will be sent to your University at Albany student e-mail address.

* You can use benefits for up to 2 terms as a non-degree student as long as you are pending admission to the school.