

# SIENA HEIGHTS UNIVERSITY

Registrar's Office, 1247 E Siena Heights Dr., Adrian, MI 49221 – 517-264-7122 – Fax 517-264-7744

## VETERAN REGISTRATION INTENTION FORM

This form must be completed and returned to the University Veterans Affairs Office/Registrar before your enrollment for the following academic semester will be certified to the DVA for release of educational benefits. Consequently, the prompt return of this form is important. If you fill out the form online, simply e-mail it to [srobins5@sienaheights.edu](mailto:srobins5@sienaheights.edu) as an attachment.

NAME \_\_\_\_\_ Student ID # \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Degree and Major: \_\_\_\_\_ VA File # (If different than SSN) \_\_\_\_\_

VA Program your are applying for: (Check One ONLY)

- Ch. 30 –MIGIB                       Ch. 31- Vocational Rehabilitation                       Ch. 32 – VEAP
- Ch. 35 – Dependent                       Ch. 1606 – Reserve/Nat. Guard                       Ch. 1607-REAP (mobilize NG/Reserve)
- Ch. 33 – Post 9/11 GI Bill                       Using GoArmyEd.com for Tuition Assistance (forms must be submitted before courses start)
- Certificate of Eligibility On FILE (required)                      Level of Eligibility \_\_\_\_\_%

Active Duty:  Yes                       No

In addition to my regular GI Bill, I am also eligible to receive the following from the DVA \_\_\_\_\_

First Time Using VA Benefits:

- VA Form 22-1190 / 22/1990 E Application for VA Education Benefits from attached                      OR
- VA Form 22-1190 / 22/1990E submitted thru VONAPP at <http://vabenefits.vba.va.gov/vonapp>

Previously Used VA benefits VA Form 22-1995 (Required if Place of Training or Program Changed)

- VA Form 22-1995 Application for Change of Program or Place of Training form attached                      OR
- VA Form 22-1995 submitted thru Veterans On-line Application (VONAPP) *address above*

I am a new student.                       I am a continuing student with SHU.

**\*\*\*This form must be completed and submitted for each semester that you wish to receive VA Educational Benefits!\*\*\***

1. PLEASE INDICATE WHICH SEMESTER YOU ARE PLANNING TO REGISTER:

Semester \_\_\_\_\_ 20\_\_\_\_\_ # of hours \_\_\_\_\_

2. ARE YOU CURRENTLY ENROLLED? \_\_\_\_\_

3. ARE YOU PLANNING TO TAKE ON-LINE or BLENDED ONLINE COURSES? \_\_\_\_\_

(Will impact BAH benefits; Chapter 33 -Post 9/11 students ONLY)

**PLEASE BE ADVISED:**

- You are required to report all schedule changes immediately.
- Drops from original schedule will cause overpayment issues. You may lose benefits.
- All Credit pursued within your schedule must be applicable to your declared degree program.

**Audits, Withdrawals, Repeats, and Non-Required Courses:** The law prohibits payment for auditing a course or payment of any course for which the grade assigned in not used toward graduation requirements. This includes repeats of grades of "D" or better--unless a repeat for a higher grade is required for graduation. Withdrawals are not part of your degree. The DVA will not pay for duplicate credit.

I have read the above statement and understand that I am responsible for all decisions made contrary to the above statements:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_