



Student Financial Services

Telephone: 607-746-4570

Fax: 607-746-4208

Website: www.delhi.edu/sfs

Secure Upload: www.delhi.edu/finaid-upload

SUNY Delhi Student ID									
8	0	0							

Student Veteran Status Form

Last Name _____ First Name _____ M.I. _____
 VA File Number _____ CVA Educational Entitlement (Select One) _____

Mailing address _____
 Phone Number _____ Email address _____
 Major _____ How many credits are you taking? _____
 Last College Attended? _____ Last Semester Attended (semester/year)? _____

Did you collect VA Educational benefits at that institution? _____ Yes _____ No *If yes, please submit form VA 22-1995*

Statement of Understanding for Receipt of Veterans Educational Benefits

As a Veteran, Active Duty Service Member, a Veteran’s spouse or dependent receiving educational assistance from the Veterans Administration, I understand that I am required to COMPLETE and SUBMIT a SUNY Delhi Student Status Form at least 10 business days before each semester in order to receive VA educational entitlements AND during the semester if any of the following enrollment changes occur:

**Please initial next to each statement to indicate you have read and understand the statement.*

- _____ I am required to notify in writing the SUNY Delhi Certification Officer within 10 business days if I change my credit hours (add or drop classes)
- _____ I am required to notify in writing the SUNY Delhi Certification Officer if I am repeating a course that I have already earned a letter grade for
- _____ I am required to notify in writing the SUNY Delhi Certification Officer within 10 business days if I stop attending classes
- _____ I am required to notify in writing the SUNY Delhi Certification Officer within 10 business days if I change my major
- _____ I am required to notify in writing the SUNY Delhi Certification Officer within 10 business days if my mailing address, phone number, or email address changes
- _____ I am responsible for all debts that I incur and must be repaid to the Department of Veterans Affairs.

I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE ABOVE REQUIREMENTS IT CAN RESULT IN AN OVERPAYMENT, AND/OR UNDERPAYMENT, AND/OR NONPAYMENT OF BENEFITS.

Please note that this form can be emailed to Student Financial Services, at sfs@delhi.edu and/or faxed to us at 607-746-4208. In order for Chapter 30, 1606 and 1607 payments to be released, you must also verify attendance with the VA starting the last day of the month. You will need to either call the IVR (interactive voice response) system or access the WAVE (web automated verification of enrollment). Access is available 24/7 at: IVR 1-877-823-2378 or WAVE <http://www.gibill.va.gov>

I hereby certify that I have read, initialed, and fully understand the requirements outlined above. If submitting electronically, please print your name. Your printed name will serve as your signature for certification purposes.

Signature _____ Date _____

PLEASE KEEP A COPY FOR YOUR RECORDS Please remember that this form is for YOUR protection, so it is important that you provide timely and accurate information regarding your enrollment status.