

SUNY CANTON  
CERTIFICATION REQUEST FORM

**\*\*MUST BE COMPLETED PRIOR TO EVERY SEMESTER\*\***

Completion of this form authorizes SUNY Canton to provide required information and to certify your enrollment for the specified semester to the U.S. Department of Veterans Affairs (VA). Fax: 315-386-7929 or Mail: Military & Veterans Student Services, French Hall, 34 Cornell Drive, Canton, NY 13617.

**Term Year:** \_\_\_\_\_ Fall \_\_\_\_\_ Winterim \_\_\_\_\_ Spring \_\_\_\_\_ Summer

**Name:**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

**Are you a:** \_\_\_\_\_ Veteran \_\_\_\_\_ Dependent/Spouse of Veteran \_\_\_\_\_ Reserve/National Guard

**SSN of student:** \_\_\_\_\_ **Canton ID:** \_\_\_\_\_

**VA Dependent Code #:** \_\_\_\_\_ **(Name & SSN of Veteran - ONLY CHAPTER 35)**

**It is your responsibility to keep VA and SUNY Canton informed of changes in your contact information.**

**Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Phone:**

\_\_\_\_\_ Daytime

**Email:**

**Check the VA Benefit Program you are using or wish to use:**

\_\_\_\_\_ **CH 33** (Post 9/11 GI Bill) \_\_\_\_\_ **CH 30** (Montgomery GI Bill - Active Duty)  
\_\_\_\_\_ **CH 31** (Disabled/Voc Rehab) \_\_\_\_\_ **CH 35** (Survivors/Dependents Ed Asst Prog)  
\_\_\_\_\_ **CH 1606** (Reserve/Guard)

**Is this a change of VA benefit chapter from the previous semester?** **Y or N**

**Benefit Status:**

☐ Continuing Student: Have received benefits at SUNY Canton

☐ New Applicant: Applying for VA benefits for the first time

☐ Transfer student: Transferring from another institution where you used veterans benefits

**What is your major?** \_\_\_\_\_ **Are you currently Active Duty?** **Y or N**

**Have you changed your major and/or program since your last certification request?** \_\_\_\_\_

**STATEMENT OF UNDERSTANDING (Please initial each line.)**

1. I will report any registration changes (add, drop, S/U, withdrawal, etc.) to the certifying official. \_\_\_\_\_
2. I will notify the certifying official if I stop attending class(s). \_\_\_\_\_
3. I will notify the certifying official if I change my major or degree program. \_\_\_\_\_
4. I understand that grades "W" and "U" may result in reduced payment from VA. \_\_\_\_\_
5. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class. \_\_\_\_\_
6. I understand that repeated classes for which I have received a grade cannot be used for my certification. \_\_\_\_\_
7. I understand that if I fail to comply with the above, it can result in an over or underpayment of benefits. VA will hold me responsible for overpayment of my education benefits. \_\_\_\_\_
8. I would like to share my SUNY Canton e-mail with the Veterans Association. **Yes** **No**

**My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request form each semester of attendance that I wish to receive benefits.**

**Signature:**

**Date:**

**Office Use:** VAOnce \_\_\_\_\_ SGASTDN \_\_\_\_\_ INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

**Comments:**