Veteran Affairs Office
Austin Slaughter
Work: 605-256-5742
Cell: 605-270-0664
Austin.Slaughter@dsu.edu

DAKOTA STATE
UNIVERSITY®

Veteran/Service Members

_____   _____

Name   **Student ID**

_____   _____

Address   **Phone**

_____   _____

City   **State**   **Zip Code**   **Primary E-mail**

_____

Major(s) / Minor(s)

(mark all that apply)

☐Fall ☐Spring ☐Summer

Tuition Assistance: ☐Federal TA ☐State TA

VA Benefit Chapter: ☐Ch. 30 ☐Ch.1606 ☐Ch. 33 (Post 9/11)

Branch of Service:

☐Army ☐Marine ☐Navy ☐Air Force ☐Coast Guard

☐Army National Guard ☐Air National Guard ☐Army Reserve ☐Other (list in notes)

Current Military: ☐Yes ☐No

Academic Year: ☐Fresh. ☐Soph. ☐Jr. ☐Sr. ☐Graduate

Place of Training: ☐Madison ☐Online ☐University Center ☐Rapid City University Center

Changing Major: ☐Yes ☐No

Repeating Courses: ☐Yes ☐No

Contracting with ROTC: ☐Yes ☐No

Fill out the table with your class schedule:

Course #	Course Title	Credits	GI BILL or FTA
			☐ GI Bill ☐ FTA
			☐ GI Bill ☐ FTA
			☐ GI Bill ☐ FTA
			☐ GI Bill ☐ FTA
			☐ GI Bill ☐ FTA
			☐ GI Bill ☐ FTA
Notes:			

Total GI Bill: _____ Total FTA: _____

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Statement of Understanding

Carefully read each statement.
Once you have fully understood the statement, initial next to it.

_____ I understand that I must contact DSU's VA Office each semester **AFTER** I register to receive my VA benefits, and that I must report any change in enrollment. Contact Austin Slaughter to report any changes made to enrollment.

_____ I understand I must submit a degree plan for my chosen course of education leading to a standard college degree or certificate and have all prior training evaluated by the end of my second full-term semester. This evaluation result must be presented to DSU's VA Office. **I do not expect to be paid by the VA for courses previously passed or for courses not required for my chosen objective or major, and that I must make satisfactory progress toward graduation to continue receipt or benefits.**

_____ I understand that a grade of "W" or "I" may result in reduced payment from the VA and that the VA will not pay for audit classes. Should I receive a GPA of less than 2.0 I will be placed on probation for the following semester and will need to get my GPA back to a 2.0 to avoid suspension. There is required VA paperwork for probation/suspension.

_____ I understand the VA may need to discuss my records with Cashiers, Financial Aid and other Faculty. I authorize official representatives of DSU's VA Office to review and discuss my records concerning education benefits with these entities.

_____ I understand the VA will hold me responsible for any overpayment of my education benefits. In accordance with the Privacy Act of 1974 (Public Law 93-579), I authorize official representatives of DSU's VA Office to review and discuss my record concerning education benefits with official representatives of the Department of Veterans Affairs.

_____ I understand that benefit payments are always paid one month in arrears and initial payment of the benefits may sometimes be delayed depending on the DSU VA Office and Regional Processing Offices' workloads.

_____ I understand that if I elect to be paid under Chapter 33, the **decision is irrevocable and may not be changed.**

_____ I understand that the benefits paid under Chapter 33, are prorated based on months of active duty service.

_____ I understand that under Chapter 33, I will be eligible for the monthly housing allowance only if I am enrolled in 7 credits or more, as identified in the SCO handbook.

_____ I understand that I do the monthly verification (1-877-823-2378) at the end of each month **(for Chapters 30 & 1606).**

_____ I will provide a copy of my **Certificate of Eligibility**, once I have received it from the Department of Veteran Affairs. A COE is not required for each semester unless there is a change in benefits.

_____ I understand that I assume full liability for any over payment of all VA Education Benefits

By signing below, I verify that I have completed all items. I understand that I must inform the Veterans Affairs Office of **ANY** changes after this form has been submitted.

_____   _____   _____

Print Name   Signature   Date