



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

**Dependent**

\_\_\_\_\_  
**Name** **Student ID**

\_\_\_\_\_  
**Address** **Phone**

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

**Major(s) / Minor(s)**

*(mark all that apply)*

Fall  Spring  Summer

**VA Benefit Chapter:**  Ch. 33 (Post 9/11)  Ch.35 (DEA)

**Branch of Service:**

Army  Marine  Navy  Air Force  Coast Guard

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

**Spouse:**  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
<b>Notes:</b>		

**Total GI Bill Credits:** \_\_\_\_\_



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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 to receive 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 audited 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.
- \_\_\_\_\_ I understand the VA may need to discuss my records with Cashiers, Financial Aid and/or 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 at a time and initial payment of the benefits may sometimes be delayed depending on the DSU VA Office as well as Regional Processing Offices' workloads.
- \_\_\_\_\_ 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 if I elect to be paid under Chapter 33, the **decision is irrevocable and may not be changed.**
- \_\_\_\_\_ 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, and not enrolled in all internet course.
- \_\_\_\_\_ I understand that the benefits paid under Chapter 33 are prorated based on my beneficiary's years of service.
- \_\_\_\_\_ 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