VA BENEFIT CERTIFICATION REQUEST FORM

This form must be completed and submitted each semester you wish to receive VA Educational Benefits. The DCAD Financial Office looks forward to working with you to receive your VA Education Benefits to pursue your art and design career.

Section I: Student Information (please print clearly):

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

MAILING ADDRESS

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
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</table>

PHONE (CELL)

<table>
<thead>
<tr>
<th>PHONE (CELL)</th>
<th>(WORK)</th>
<th>(HOME)</th>
</tr>
</thead>
</table>

BEST EMAIL

SSN

CHAPTER 35 SPONSORS CLAIM #/SSN

Major:

- Animation
- Fine Arts
- Graphic Design
- Illustration
- Interior Design
- Photography

Are you changing your program/major or transferring from another school?  □ YES  □ NO

Are you active duty?  □ YES  □ NO

Check the appropriate status box:

- NEW STUDENT: DCAD is the first school I am claiming VA Education Benefits. Attach your Certificate or Letter of VA Eligibility.
- CONTINUING STUDENT: I received benefits at DCAD last semester. My eligibility certificate is on file.
- TRANSFER STUDENT: I used benefits at another school. Turn in a Change of Program Form (VA Form 22-1995 for Veterans, or VA Form 22-5495 Survivors/Dependents.)

- Chapter 33 Post 9/11 MGIB
- Chapter 30 (Active Duty GI Bill)
- Chapter 1606 (Reserve/National Guard)
- Chapter 1607 (REAP-Activated Reserve/Guard)
- Chapter 31* (Vocational Rehabilitation)
- Chapter 35 (Survivors Benefits)

*Chapter 31* Students Only: I □ DO □ DO NOT give permission for my end of semester grades to be sent to my Vocational Rehabilitation Counselor.

Name: ____________________________________________________________
ADDRESS: __________________________________________________________

Section II: Advanced Pay

If you are a new student you may request advance pay. Continuing students are not eligible for advance pay. Advance pay will pay the first two months of the semester; you will not receive another VA educational check until the end of the third month. Advance pay must be requested at least 45 days prior to the beginning of the semester. The VA will not approve advance pay request received less than 30 days before the beginnings of the semester.

□ I request advance pay.

SIGNATURE   DATE
Section III: VA EDUCATIONAL BENEFIT PAYMENT AGREEMENT
PLEASE READ AND INITIAL EACH AGREEMENT TERM AND SIGN BELOW.

1. Receiving Veteran’s benefits does not hold a student’s seat in classes. The payment of veteran educational benefits requires a student to be enrolled and attending classes. An enrolled student is a student that has registered and paid or made arrangement for payment for his/her classes. ________

2. As a VA benefit eligible student, I must complete, sign, and submit a VA Education Benefit Certification Request Form to DCAD Financial Aid Office no later than 30 days before the end of each semester to request VA Benefit Certification for the upcoming semester. ________

3. Chapter 33: Students that withdraw are responsible for repaying VA, the federal Government and DCAD for any applicable unearned expenses triggered by the withdrawal. ________

4. The veteran must verify continued enrollment at the end of each month of the semester by web or toll-free number to receive payment of educational benefits. The site is Http://www.gibill.va.gov/wave or (877) 823-2378. ________

Prior Credit is defined by the Department of Veterans Affairs (DVA) as:
- The amount of credit allowed for previous education, training and experience; including military training and experience.
- Both the law and the regulations require schools to grant appropriate credit for prior training and experience. The current procedure provides for termination of benefits if the school does not furnish an evaluation of prior credit within 2 terms (38 U.S.C. 3675(b)(2) and 3676(c)(4), and §21.4253(d)(3) and 21.4254(c)(4)). ________

5. A veteran will only be certified for the required courses and electives listed on their degree plan. ________

6. If a student receiving VA benefits drops or adds a class, or changes their enrollment in any way it is the student’s responsibility to notify the DCAD Financial Aid Office immediately. ________

I, THE Undersigned, HAVE READ THE ITEMS ABOVE, UNDERSTAND THEM AND WILL ABIDE BY THEM. ________

I UNDERSTAND I MUST HAVE MY PRIOR CREDITS EVALUATED AND TURN IN A DEGREE PROGRAM TO VA PRIOR TO MY THIRD REQUEST FOR EDUCATIONAL BENEFITS. ________

I UNDERSTAND THAT WITHOUT A DECLARED MAJOR, MY EDUCATIONAL BENEFIT CERTIFICATION WILL NOT BE SENT TO THE VA. ________

MY SIGNATURE BELOW INDICATES THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. I GIVE MY PERMISSION FOR THE SCHOOL FAO CERTIFYING VA OFFICIAL TO REVIEW MY EDUCATIONAL RECORDS FOR PURPOSES OF PROCESSING MY VA BENEFIT CERTIFICATION.

______________________________  ____________________
SIGNATURE                  DATE