# SIENA HEIGHTS UNIVERSITY

Registrar's Office, 1247 E Siena Heights Dr., Adrian, MI 49221 – 517-264-7123 – Fax 517-264-7744

## VETERAN REGISTRATION INTENTION FORM

This form must be completed and returned to the University Veterans Affairs Office/Registrar before your enrollment for the following academic semester will be certified to the DVA for release of educational benefits. Consequently, the prompt return of this form is important. If you fill out the form online, simply e-mail it to regr@sienaheights.edu as an attachment.

NAME _____ Student ID # _____

Current Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ E-Mail _____

Degree and Major: _____VA File # (If different than SSN) _____

**VA Program your are applying for: (Check One ONLY)**

**___ Ch. 30 –MIGIB** **___ Ch. 31- Vocational Rehabilitation** **___ Ch. 32 – VEAP**

**___ Ch. 35 – Dependent** **___ Ch. 1606 – Reserve/Nat. Guard** **___ Ch. 1607-REAP (mobilize NG/Reserve)**

**___Ch. 33 – Post 9/11 GI Bill** **___ Using Go Army.com for Tuition Assistance (forms must be submitted before courses start)**
**___ Certificate of Eligibility On FILE (required)** **Level of Eligibility _____%**

**Active Duty: _____ Yes _____ No**
In addition to my regular GI Bill, I am also eligible to receive the following from the DVA _____

**_____First Time Using VA Benefits:**
**___ VA Form 22-1190 / 22/1990 E Application for VA Education Benefits from attached OR**
**___ VA Form 22-1190 / 22/1990E submitted thru VONAPP at http://vabenefits.vba.va.gov/vonapp**
**_____Previously Used VA benefits VA Form 22-1995 (Required if Place of Training or Program Changed)**
**___ VA Form 22-1995 Application for Change of Program or Place of Training form attached OR**
**___ VA Form 22-1995 submitted thru Veterans On-line Application (VONAPP) *address above***
**_____ I am a new student.** **_____ I am a continuing student with SHU.**

*****This form must be completed and submitted for each semester that you wish to receive VA Educational Benefits!*****

PLEASE INDICATE YOUR REGISTRATION INTENTIONS FOR THE FOLLOWING SEMESTERS:

Fall Semester 20_____ # of hours _____ _____Not taking classes this semester

Winter Semester 20_____ # of hours _____

Summer Semester 20_____ # of hours _____ _____Taking On-line or Blended Online courses (impact BAH benefits)

***You are required to report all schedule changes immediately***.
NOTE: All Credit pursued within your schedule must be applicable to your declared degree program.

**Audits, Withdrawals, Repeats, and Non-Required Courses:** The law prohibits payment for auditing a course or payment of any course for which the grade assigned in not used toward graduation requirements. This includes repeats of grades of "D" or better--unless a repeat for a higher grade is required for graduation. Withdrawals are not part of your degree. The DVA will not pay for duplicate credit.

**I have read the above statement and understand that I am responsible for all decisions made contrary to the above statements:**

**Signature: _____ Date: _____**