

SIENA HEIGHTS UNIVERSITY

Registrar's Office, 1247 E Siena Heights Dr., Adrian, MI 49221 – 517-264-7120 – 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 VBA 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 Siena Heights University's SCO (regr@sienaheights.edu) as an attachment.

Name _____ Student ID # _____

Current Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Siena Heights University E-Mail _____

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

_____ I am applying to graduate this semester. _____ I am a new student. _____ I am a continuing student with SHU.

VBA Educational Benefits Program (Check One ONLY):

___ Ch. 30 –MIGIB®

___ Ch. 31- VR&E

_____ PO Number

___ Ch. 35 – DEA

___ Ch. 1606 – MGIB-SR

___ Ch. 33 – Post-9/11 GI Bill®

___ Certificate of Eligibility on File

Level of Eligibility _____%

In addition to my regular GI Bill®, I am also eligible to receive the following from the VBA _____

___ First Time Using VBA Educational Benefits:

___ VA Form 22-1990 Application for VA Education Benefits from attached (copy)

OR

___ VA Form 22-1990 Application submitted through va.gov (<https://www.va.gov/education/how-to-apply/>)

___ Previously Used VBA Educational Benefits:

___ VA Form 22-1995/22-5495 Application for Change of Program or Place of Training form attached

OR

___ VA Form 22-1995/22-5495 submitted through va.gov (<https://www.va.gov/education/change-gi-bill-benefits/>)

___ Previously completed VA Form 22-1995/22-5495 or VA Form 22-1990 (Application)

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

This form need only be submitted once for the full 15-week semester. If you are taking classes in either subsession, please combine the total credits in the appropriate fields below.

1. PLEASE INDICATE FOR WHICH SEMESTER YOU ARE PLANNING TO REGISTER:

Semester _____ 20____ # of hours _____

2. ARE YOU CURRENTLY ENROLLED? _____

3. ARE YOU PLANNING TO TAKE ON-LINE or BLENDED ONLINE COURSES? _____

(Will impact MHA; Chapter 33 -Post-9/11 GI Bill® students ONLY)

PLEASE BE ADVISED:

- You are required to report all schedule changes to your SCO immediately.
- Drops from original schedule will cause overpayment issues. Consequently, you may lose benefits.
- All credit certified must be applicable to your declared degree program to receive benefits.

Restrictions:

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- For students applying VA benefits towards a specific program (degree/major), please ensure that the Michigan SAA has approved your program for VBA educational benefits by checking the list of approved programs on WEAMS (<https://inquiry.vba.va.gov/weamspub/buildSearchInstitutionCriteria.do>). If your program is not listed on the list of approved programs, you are not eligible to receive VBA educational benefits towards that program.
- If the student is of an undeclared major, the student can still use VBA educational benefits towards general degree requirements.
- VBA educational benefits cannot be applied towards credits in which you are auditing.
- VBA educational benefits cannot be applied towards the retaking of credits in which the student received a final grade of "D" or higher, unless a higher grade is required for graduation. VBA educational benefits cannot be applied towards duplicate credit.
- VBA educational benefits cannot be applied to courses from which the student withdraws. All withdrawals must be reported to the SCO as soon as they are made. If extenuating circumstances are related to a withdrawal, and the student is comfortable confidentially sharing this information with their SCO, please do so as your VBA educational benefits may still be applied to withdrawals depending on the circumstances of the withdrawal.

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

Signature: _____ **Date:** _____