



Veterans Benefits Request Form

Name _____ Student ID# 800 _____

I am a:

- ☐ New student /Transfer student
- ☐ Continuing student
- ☐ Readmitted student(returning from leave of absence or previously dismissed)
- ☐ Transient student

Program of Study: _____

Type of Benefits: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Montgomery GI bill- Veteran | <input type="checkbox"/> Dependents and Survivors-Chapter 35 |
| <input type="checkbox"/> Montgomery GI bill- Active Duty | <input type="checkbox"/> Chapter 1606 Selected Reserve |
| <input type="checkbox"/> Post 9/11 GI bill-Veteran | <input type="checkbox"/> Chapter 1607 Selected Reserve |
| <input type="checkbox"/> Post 9/11 GI bill-Active Duty | <input type="checkbox"/> Post 9/11 GI bill- Transfer of Benefits |
| <input type="checkbox"/> Vocational Rehabilitation-Chapter 31 | |

Date or Term last certified for education benefits at Stetson: _____

Date or Term last certified for education benefits at another school: _____

Never used benefits prior to Stetson University College of Law: _____

Terms that you wish to use your VA benefits:

Number of credit hours that you will be taking for the Fall term _____

Number of credit hours that you will be taking for the Spring term _____

Number of credit hours that you will be taking for Summer term _____

If you are taking a study abroad program indicate which one and what term: _____

I understand that it is my responsibility to familiarize myself with VA regulations concerning VA education benefits. I certify that all courses are applicable to my degree program and meet VA requirements. I further agree to promptly notify the College of Law and the VA of any change in my hours or program.

Signature _____

Date _____



STETSON LAW

Responsibilities of Students Receiving Veterans Education Benefits

Please initial after reading each item

- Eligible veterans, reservists, and dependents are responsible for requesting VA benefits through the Office of Admissions and Financial Aid each semester. _____
- I understand that I can only receive benefits for courses that apply to my degree program. _____
- I understand I must report any classes dropped or withdrawn from **immediately** to both the Veterans Administration and Stetson's Office of Admissions and Financial Planning. _____
- I understand that if I receive an overpayment of VA benefits, this money will have to be returned to the VA by the student and failure to make payment arrangements to the VA will result in future benefits or tax refunds being withheld. _____
- I understand that the VA will not pay for a repeat course in which a passing grade has been received. _____
- I understand that my educational benefits will be terminated if my cumulative grade point average falls below a 2.30 for more than two consecutive semesters. _____
- I understand that I may qualify for tutorial assistance and can contact the Veterans Services office for more information. _____
- I understand that during my last semester of school, I can take non-required courses in order to make my schedule full-time to receive full-time pay. _____

Signature _____

Date _____