

College of Southern Idaho Veteran Certification Form

Name _____ Social Security Number _____

Email address _____ Major _____

Student ID Number _____ VA Education Program – CH. _____

In order to avoid payment or mailing problems it will be your responsibility to keep the VA and CSI Veterans Office informed of changes in your address and phone number.

Address _____
Street City State Zip

Phone Number _____
Daytime Evening

**12 cr = full, 9-11 cr = $\frac{3}{4}$. 6-8 cr = $\frac{1}{2}$ time; Summer: 6 cr full, 3 cr = $\frac{1}{2}$ time
I wish to receive VA educational benefits for the following semester:**

Semester _____ Number of Credits _____

STATEMENT OF UNDERSTANDING – PLEASE READ AND SIGN BELOW

1. Each term I must report my registration and changes in my enrollment to my Veterans Certifying Official.
2. I must be enrolled in an approved program of study that leads to a standard college degree and have all prior training evaluated by the end of my first semester of enrollment. I do not expect to be paid by the VA for classes previously passed. I understand that courses that are audited (AU) are not eligible for VA educational benefits.
3. I will insure that the classes I am taking are required in my program of study and I understand that I must make satisfactory progress toward graduation.
4. I understand that grades of W, NC and F grades reported with "last date of attendance" may result in a overpayment from the VA.
5. Courses for which an "I" (incomplete) is awarded must be completed in during the succeeding year. Otherwise, my entitlement for benefits for that course may be reduced and may result in overpayment.
6. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class.
7. I understand that payment for developmental (remedial) classes will not be allowed unless need for such class(es) is established by the COMPASS placement test.
8. I understand that the VA will hold me responsible for any overpayment of my education benefits.
9. I understand that I am responsible for my tuition.

I declare the information in this application to be accurate and wish to apply for VA benefits at College of Southern Idaho.

Signature _____ Date _____