



# College of Southern Idaho Veteran Certification Form

Name \_\_\_\_\_

Email address \_\_\_\_\_ Major \_\_\_\_\_

Student ID Number \_\_\_\_\_ VA Education Program – Chapter \_\_\_\_\_

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

Term \_\_\_\_\_

### STATEMENT OF UNDERSTANDING – *Please read and initial*

\_\_\_\_\_ Each term I **MUST** report my registration and changes in my enrollment to my Veterans Certifying Official.

\_\_\_\_\_ 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 second 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. I must make satisfactory progress toward graduation.

\_\_\_\_\_ I understand that final grades of W, NC and F reported with “last date of attendance” may result in an overpayment from the VA.

\_\_\_\_\_ Courses for which an “I” (incomplete) is awarded must be completed during the succeeding year. Otherwise, my entitlement for benefits for that course may be reduced and may result in overpayment.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that payment for developmental (remedial) classes will not be allowed unless need for such class(es) is established by the ALEKS placement test. Also, remedial courses cannot be taken online and certified.

\_\_\_\_\_ I understand that the VA will hold me responsible for any overpayment of my education benefits.

I receive Tuition Assistance (Active duty/Guard/Reserve):      yes                  no

Please certify my VA Education Benefits for the term above, I have read and understand the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to Office of the Registrar.

Date Certified: Credits Certified:	<b>Office Use Only</b> SCO – Notes:
---------------------------------------	--