SOUTHERN METHODIST UNIVERSITY UNIVERSITY REGISTRAR

Information Sheet for Claiming Veterans – TC4900A

SMU ID: **SSN**:

Name:
(Last) (First) (Middle)

Local Address:
(Street) (City) (State) (Zip)

Phone: ( ) **SMU Email**:

Are you the veteran, spouse or dependent? ☐ Veteran ☐ Spouse ☐ Dependent
Are your VA benefits paid under the Fry Scholarship? ☐ Yes ☐ No
Will you be receiving Tuition Assistance? ☐ Yes ☐ No (If yes, please attach a copy.)
Will you be receiving any employment-based aid or assistance? ☐ Yes ☐ No

Term *(in which benefits will begin):* _____

You will receive benefits as a *(please check one)*:

☐ Chapter 1606, Montgomery GI Bill, Selected Reserve
☐ Chapter 1607, Reserve Educational Assistance Program (REAP)
☐ Chapter 30, Montgomery GI Bill
☐ Chapter 31, Disabled Veteran
☐ Chapter 32, Veterans Educational Assistance Program (VEAP)
☐ Chapter 33, Post 9/11 GI Bill
Percentage of Eligibility _____ **Date Entitlement Ends**_____
Months of Entitlement left _____
Has another institution certified you under Chapter 33 for the current academic year? ☐ Yes ☐ No
☐ Chapter 35, Survivors' and Dependents' Educational Assistance Program (DEA)
VA Claim Number is required: _____
☐ Active Duty

Level of Study (Bach/Master): **Major**:

Have you ever received benefits? ☐ Yes ☐ No
Is this your first term to receive benefits at SMU? ☐ Yes ☐ No
List all post-secondary schools, other than SMU, you've attended:

Date Attended	Institution

PLEASE READ CAREFULLY & SIGN.
I understand that overpayment of benefits may occur if I change the number of hours enrolled or if I withdraw from the University. **It is my responsibility to *immediately* notify the VA Certifying Official upon any reduction or increase in hours, or termination of enrollment. Also, I understand that I MUST request SMU (Registrar's Office) to certify me each semester I am enrolled.**

(Signature) (Date)

07/24/2012