

VETERAN STUDENT CLEARANCE FORM

Revised 11/2016

Must be completed and returned to the Office of the Registrar each semester to receive benefits

Year _____ ☐ Fall ☐ Spring ☐ Summer ☐ May Term ☐ T I ☐ T II ☐ Extended Term

Name: _____ CNU ID: _____

Address: Last First MI City State Zip (Required)

Phone: (H) _____ (C) _____ E-mail: _____

VA CHAPTER STATUS (must check one):

- ☐ 30 (Montgomery GI Bill®/Active Duty) ☐ 33 (Post 9-11 Active & Inactive Military Member)
- ☐ 31 (Vocational Rehabilitation) ☐ 1607 (REAP) ☐ 32 (VEAP) ☐ 1606 (Reservist)
- ☐ Air force ☐ Army ☐ Navy ☐ Guards ☐ Marine
- ☐ 33 (Post 9-11 Dependent) ☐ 35 (Dependent of Veteran) DEPENDENT CODE _____ (required)

Resident Status: ☐ In State ☐ Out of State

Degree Sought: ☐ BS ☐ BA ☐ BSBA ☐ Masters ☐ Teacher Certification ☐ Other _____

Major 1: _____ Major 2: _____

Have you changed your degree/major since you last registered? ☐ Yes ☐ No

If yes, Change of Program form VA Form 22-1995 or 22-5495 (Chapter 33 & 35 dependent) must be submitted to VA and the Office of the Registrar.

New CNU Applicants Only:

Date Applied for Benefits: _____ Application for VA Education Benefits (22-1990) Filed ☐ Yes ☐ No

Last College Attended: _____ Date Completed Change of Program Form: _____

- Do you receive any of the following funding:** ☐ ROTC ☐ Tuition Waiver ☐ Scholarship(s) ☐ MYCAA
- ☐ TA (Military Federal Tuition Assistance) ☐ Virginia State Tuition Assistance ☐ Graduate Assistantship
- ☐ Employer paying some or all tuition/fees ☐ MSDEP (Military Survivors and Dependent Education Program) ☐ None

List of Classes

CRN/SESSION	DEPT	CRSE #	CREDIT	Is this a repeated course?	Grade
<i>Ex. 1234/T1</i>	<i>HIST</i>	<i>111G</i>	<i>3</i>		

Total _____ (12 credits minimum - Fall / Spring)

You are required to register and maintain a minimum of 12 credit hours to be considered a full-time student during regular semesters (fall and spring). Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters to make progress toward graduation in four years. Please consult with your advisor to ensure that your course selections progress you toward your anticipated degree.

See Reverse Side

Veteran Student Statement of Understanding:

By signing this form, I agree to all terms and conditions described below.

1. I understand that each semester/term I must submit the VA Student Clearance form for my classes to be certified for VA education benefits and must promptly report any changes in my program, hours of enrollment, or address to CNU's Office of the Registrar Veteran's Affairs representative
2. I understand that I should list only the courses that apply to my program requirements. Waitlisted courses cannot be certified.
3. I understand that I must be officially placed in a program of study leading to a standard college degree or certificate and have all prior training evaluated by the end of my second semester of enrollment.
4. I do not expect to be paid by VA for courses previously successfully completed. Payment of a repeated course may be authorized only if repetition is specifically required by the university.
5. I will insure that the courses I am taking are required in my program of study, and I understand that I must make satisfactory progress toward graduation.
6. I understand that grades of W, AU, and F may result in reduced payment from the VA.
7. Courses for which an "I" (incomplete) is awarded must be completed by the next regular semester (fall or spring); see published deadlines in undergraduate catalog. Otherwise, my entitlement for benefits for that course may be reduced and may result in overpayment.
8. I understand that changes in course enrollment after the last day of add/drop may result in the retroactive loss of benefits from the date of change or may revert back to the first day of the term and may result in a student's debt to VA.
9. I understand that use of federal Tuition Assistance and the GI Bill® may constitute a duplication of federal benefits, which is prohibited by law. I further understand that it is my responsibility to ensure there is no duplication of federal benefits.
10. I understand that (Chapter 30, 1606, or 1607) I am required by VA to verify my enrollment on the last calendar day of every month in which I attend courses. Failure to verify enrollment may result in delay of payment. (www.gibill.va.gov/wave or 1-800-823-2378)
11. If Post 911 (Chapter 33), we must report the net cost of in-state tuition/fees after the supplication of funds being sent to CNU that are designated for the sole purpose of defraying tuition/fees. The funds include waivers, scholarships, aid, and assistance. Title IV loans and grants (Pell, sub/unsubsidized and Parent Plus loans) are not considered. For chapter 33 Post 911 recipients, VA is the last payer.
12. I will assume full responsibility for delayed or incorrect benefit payments resulting from inaccurate information submitted on my VA Student Clearance form.
13. I may only elect **Advance Payment** if:
 - a) I am at least half-time and my enrollment period begins at least 30 days after the end of my prior enrollment period.
 - b) I cannot be eligible for interval pay during that period.
 - c) My enrollment certification must be received by the VA Regional Office at least 30 days prior to the start of the term.
 - d) If I do not claim my Advance Pay within 30 days after the beginning of the semester the check will be returned to the US Treasury.
 - e) If you wish to receive **Advance Payment** complete VA For 22-1999, 1-6 and 16 and initial here _____
VA Form 22-1999 attached ☐ Yes ☐ No
14. In accordance with the Privacy Act of 1974 (Public Law 93-579), I authorize the Department of Veteran Affairs to review and discuss my academic records with official representatives of CNU.

VA File Number: _____ **Date:** _____

Signature (required): _____

OFFICE USE ONLY

Certification ☐ mailed or ☐ transmitted by: _____ Date: _____ Hours Certified: _____ (12 credits minimum)

Transfer Hours: _____ Coded for VA: (SGASTDN) _____ (SFAREGS) _____ (REPEATS) _____

Changes: _____ Processed by: _____ Date: _____

Changes: _____ Processed by: _____ Date: _____