



VETERANS' SERVICES OFFICE
 BUILDING 2, ROOM 200
 4000 LANCASTER DR NE
 PO BOX 14007
 SALEM OR 97309-7070
 (503) 399-5004, fax (503) 399-3908
 E-mail: veterans@chemeketa.edu

REQUEST FOR VETERAN EDUCATIONAL BENEFITS

Name: _____ K _____
Last First MI Social Security OR VA File Number Chemeketa Student ID Number

Address: _____ City: _____ State: _____ Zip: _____

IMPORTANT-----Is this an address change? YES NO All VA correspondence and/or checks will be delivered to this address.

Your Chemeketa Program: _____ Telephone # _____

VA requires students to state a Chemeketa degree or program. Any degree or program requested must be listed in the current academic year's catalog and all courses taken must be **required** for your degree or program or be a program or academic prerequisite based on your student placement test scores.

Chemeketa Veterans' Services will use your student e-mail account to correspond with you. Please check your student e-mail account on a regular basis for reminders and messages that may affect your benefits.

<p>Type of benefit:</p> <p><input type="checkbox"/> Chapter 30 (Prior Active Duty)</p> <p><input type="checkbox"/> Chapter 1606 (Reservist/Guard)</p> <p><input type="checkbox"/> Chapter 1607 (REAP)</p> <p><input type="checkbox"/> Chapter 35 (Dependent)</p> <p>Enrollment: (Fill in all that apply for this academic year.) Request one term only unless all prior credit has been evaluated by Chemeketa Community College.</p>	<p>Schools Previously Attended: Official transcripts from all previously attended colleges must be evaluated by the Chemeketa Admissions Office. This will determine your final pay status and which classes you may enroll in for educational benefits. The VA allows certification of benefits for one term at a time for a maximum of three terms while prior credit is being evaluated. If any courses taken at Chemeketa have been certified for benefits and the requirements of that course are later met when your prior credit is evaluated, the VA will be notified, resulting in an overpayment obligation on your part. For additional information on requesting prior credit for military experience and the procedure for requesting an evaluation, please refer to the Veterans' Services pages of the Chemeketa website at: http://www.chemeketa.edu/services/services/veterans/previous.html</p> <p>New Chemeketa students or returning Chemeketa students with transfer credits earned since last Chemeketa attendance: Name/Location of all other Colleges/Universities/Institutions of Higher Learning attended:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>Benefits are not automatically continued from term to term. Students must contact Veterans' Services at the beginning of each term to confirm registration and verify that the courses they have registered for are required for their program. Failure to verify enrollment could result in termination of certification and a possible VA overpayment obligation. Any enrollment changes that might affect your benefits must immediately be reported to Veterans' Services. Students are responsible for maintaining satisfactory academic progress and the status (full, 3/4, 1/2, etc) for the term they have requested benefits.</i></p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">*Summer 20____</td> <td style="padding: 5px;"> <input type="checkbox"/> Full-Time *Summer term has different credit hour requirements & must always be certified after registration. <input type="checkbox"/> ¾ -Time <input type="checkbox"/> ½ -Time <input type="checkbox"/> ¼ -Time </td> </tr> <tr> <td style="padding: 5px;">Fall 20____</td> <td style="padding: 5px;"> <input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less) </td> </tr> <tr> <td style="padding: 5px;">Winter 20____</td> <td style="padding: 5px;"> <input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less) </td> </tr> <tr> <td style="padding: 5px;">Spring 20____</td> <td style="padding: 5px;"> <input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less) </td> </tr> </table>	*Summer 20____	<input type="checkbox"/> Full-Time *Summer term has different credit hour requirements & must always be certified after registration. <input type="checkbox"/> ¾ -Time <input type="checkbox"/> ½ -Time <input type="checkbox"/> ¼ -Time	Fall 20____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less)	Winter 20____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less)	Spring 20____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less)	<p>I have completed the following forms online using VONAPP: (if applicable)</p> <p><input type="checkbox"/> 22-1990 or 22-5490 "Application for VA Benefits"</p> <p><input type="checkbox"/> 22-1995 or 22-5495 "Change of Program or Place of Training"</p> <p>If checked, please provide Chemeketa Veterans' Services with a completed copy.</p>
*Summer 20____	<input type="checkbox"/> Full-Time *Summer term has different credit hour requirements & must always be certified after registration. <input type="checkbox"/> ¾ -Time <input type="checkbox"/> ½ -Time <input type="checkbox"/> ¼ -Time								
Fall 20____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less)								
Winter 20____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less)								
Spring 20____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> ¾ -Time (9-11 credits) <input type="checkbox"/> ½ -Time (6-8 credits) <input type="checkbox"/> ¼ -Time (5 credits or less)								
<p>All changes to your schedule after the 4th week of the term will be reported to the VA and may result in an overpayment. Courses scheduled to meet other than the standard length of a term will be paid by the VA from the beginning date to the ending date of that course. VA pays only tuition and fees for less than ½ time.</p>									

Is another institution your primary school? No Yes Name of Parent Institution: _____
 If yes, Chemeketa Veterans' Services needs a Primary School Letter approving each course to be certified. **If another school is your primary institution, your signature below acknowledges you understand it is your responsibility to provide that institution with an official transcript of your Chemeketa classes.**

My signature below acknowledges that I have read the information above. I understand that it is my responsibility to follow VA regulations to maintain my certification for VA Educational Benefits. I further acknowledge it is my responsibility to immediately report any changes to my class schedule, including add/drops, to the Chemeketa Veterans' Services Office. Failure to do so may result in my receiving an overpayment of benefits and an obligation on my part to repay that overpayment. My signature also authorizes the Chemeketa Community College Veterans' Service office to release my academic information regarding benefits, enrollment status, and grades to the Department of Veteran's Affairs and other organizations involved with the processing and monitoring of VA Educational benefits.

Signature: _____ Date Submitted: _____