



Veterans Educational Benefit Agreement Form

Check all that apply: Veteran New Student Returning Student

Student's Full Name: _____ Date: _____

Mailing Address: _____ SSN: _____

City/State/Zip Code: _____ VA File #: _____

Home/Cell Telephone: _____ VA Benefit Type _____

Work Telephone: _____ Benefit Election Semester _____

Email Address: _____ Degree/Major _____

Are you currently on active duty? Yes No

Are you receiving federal funds for tuition costs (excluding title IV funds)? Yes No

Is this a change of major? Yes No

If Yes, attach VA Form 22-1995 (for veterans) or VA Form 22-5495 (for dependents or spouses).

If No, no action is required.

****Please attach a complete copy of your Certificate of Eligibility****

READ, COMPLETE, AND SIGN

I understand that I will not receive benefits for courses in which I have previously earned credit and will not receive benefits for courses that do not apply toward degree completion in my chosen major. Additionally, all the courses I am currently registered for will count toward my degree.

Further, I understand that I am responsible for reporting all adds and drops that change my initial enrollment to the University of Richmond VA Certifying Official, who will subsequently report the change to the VA Office in Buffalo.

I also understand that I may be subject to REPAYMENT when my enrollment is misrepresented and all changes are not fully disclosed and reported to the VA Office in Buffalo.

Student Signature: _____ Date: _____