

## **VA School Certification Form** Please Print Clearly

Last Name		First Name		Middle Name
Street Address	City	State	Zip	Date of Birth
Local Telephone Number	Stude	ent ID		
1. Please check the app	propriate semester:	Fall	Winter	SpringSummer
2. Is this your first sem	nester at Alfred State?	<b>:</b>	_YesNo (If ye	es, provide copy of Certificate of Eligibility)
3. Have you used VA	benefits before?:		_YesNo	
4. Are you a transfer st	tudent this semester?:		_YesNo	
	both question 2 and or Place of Training l		ete VA form 22-199	5 (dependent use 22-5495)
5. Indicate your vetera	n chapter code:	_CH 30C	H 31CH 33 _	CH 35CH 1606CH 1607
6. What is your anticip	oated enrollment?	full-time	part-time	
Please read the following, S	IGN below			
I hereby certify that no chang absence, etc that may affect				a academic petitions, late submission of leave of
				ys in writing or via my Alfred State email account, hdrawal from course; c) change of major; d) change
	e declared by all stud			as fully met the criteria for matriculations. VA s of study completed. Failure to comply will results
				MESTER OF ATTENDANCE THAT YOU Alfred State until this form has been received.
4. Failure to comply with the	he above may adverse	ely affect proces	ssing payment of you	ur benefits.
Signature		Return	n completed forms t	Date o:

Student Records and Financial Services 10 Upper College Drive Alfred, NY 14802 607-587-4253

FAX: 607-587-3287