Form - 1999

MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK™

1. Name:_____
Last First Middle Initial

2. Student M#: _____ **3.** Social Security #: _____

4. MAJOR:_____

5. INDICATE YOUR STATUS: ☐ Undergraduate ☐ Graduate
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

FOR OFFICE USE ONLY
CH: _____ **%:** _____

You must be in a degree-seeking curriculum to receive VA benefits. VA regulations support registration only for those courses listed in the college catalog as necessary for the completion of the curriculum that you have declared. Only those courses will be considered for payment of benefits. Any deviation from this regulation may constitute an overpayment and result in repayment or termination of benefits.

IF YOU ARE A NEW STUDENT OR IF ANY OF YOUR INFORMATION HAS CHANGED COMPLETE SECTIONS 6-9:

6. STREET ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

7. EMAILADDRESS:_____

8. HOME PHONE: (_____)_____

9. MOBILE PHONE: (_____)_____

10. Are you on **ACTIVE DUTY** _____ If **YES**. be sure to submit a complete Application for VA Educational Benefits which must be signed by your Education Service Officer.

11. Please indicate your benefit status: ☐ Veteran ☐ Child/Dependent of Veteran

12. Please indicate the type of benefits that you will be receiving:

☐ Chapter 33 (Post 9/11 GI Bill ®)
☐ Chapter 30 (Prior Active Duty)
☐ Chapter 35 (Survivors' and Dependents' of Disabled or Deceased Veterans)
☐ Chapter 31 (VA Vocational Rebab)
☐ Chapter 1606 (Reservist/National Guard)
☐ Chapter 1607 (Reservist/National Guard Mobilized to Active Duty)--(REAP)

YOU MUST HAVE YOUR COE AND TRANSCRIPTS FROM ANY PREVIOUS COLLEGES FORWARDED
to Maritime College for evaluation of transfer credits. Please send to the following addess:

Office of Admissions
Maritime College
6 Pennyfield Ave
ThroggsNeck, NY 10465

13. Please indicate the type of benefits that you will be receiving:

☐ New Student (never used VA benefits) must complete an Application for VA Educational Benefits. which may be completed on www.va.gov. Submit copies of your Notice of Basic Eligibility (NOBE) or Certificate of Eligibility (COE) with this form.
☐ Continuing Student (attended previous semester at Maritime College)
☐ Transer Student (received VA benefits at another institution). Student must complete a Change of Program or Place of Training form (VA Form 22-1995 or 22-5495 for Ch 35 recipients).
☐ Returning VA student (break in semester at Maritime College/ DID NOT attend previous semester)
☐ Supplemental VA Student (taking classes to transfer to your primary college/school)
☐ Professional Education Training Student
☐ Change in Student Status (Withdrawal - during or after drop period, Reduction/Increase, etc.)

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NOTICE: THE VETERANS' ADMINISTRATION REQUIRES THAT THE COLLEGE NOTIFY THEM IMMEDIATELY OF ANY CHANGES IN ENROLLMENT. CHANGES INCLUDE: ADD, DROP, AUDIT, OFFICIAL WITHDRAWAL, CHANGE IN TUITION/FEES, AND CHANGES IN PROGRAM/PLACE OF TRAINING (CURRICULUM).

14. PLEASE LIST ALL COURSES FOR WHICH YOU ARE REGISTERED FOR THIS SEMESTER:

Semester & Year:_____
(Ex. Fall '23, Spring '23, Summer Ashore A/B '23, SST '23)

Courses which meet less than 15 weeks (full-semester) are certified only for the time period during which they actually meet.		
Course Name (Ex. Fluid Mechanics)	**Subject/Course#** (Ex. MATH 101)	**Course Type / Credit** (Ex. Res / Online / Grad 1&2)
	Total Credit Hours	

NOTE: Deferments will ONLY be given to qualified VA students. Students requesting a deferment must provide Proof of Eligibility (Certificate of Eligibility) from the Department of Veterans Affairs & copy of your bill.

15. I understand that I must complete this school form every semester/mod so that I may be certified with the Veterans Administration. I further understand that any information on this form or in my College file may be shared with the VA at their request.

Signature of Claimant _____ Date _____ Staff Initials

- Please submit every semester along with a copy of your schedule.
- If there is any change in your status (i.e. Full to ¾ or ½ time or drop of health insurance), please submit supporting documents to the Office of Veterans Affairs, to avoid liability of overpayment.