

REQUEST TO USE VA BENEFITS

| UMHB ID: | | |
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| | SSN: | |
| State: | Zip Code: | Date of Birth: MM/DD/YYYY |
| | Email: | |
| MBA, etc.): | | |
| | Minor: | |
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| One): | Branch Of Se | Veteran's SSN |
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WHILE I AM RECEIVING VA EDUCATIONAL BENEFITS, I AGREE TO:

- Access additional information concerning my VA benefits and any payment issues directly to the Muskogee VA Office by calling 1-888-442-4551 or via internet at gibill.va.gov.
- Remember that I am paid only for courses that are required for completion of my degree plan at UMHB. Exceptions: 1) Department letter of substitution, 2) valid prerequisite for required course, and 3) to "round out" only in my graduating semester.
- Not register in courses for which I have previously received a passing grade.
- If I have prior college, I should not register for any elective courses until an official evaluation has been completed.
- Furnish the Admission Office with an official copy of transcripts from all colleges and universities previously attended. Note: UMHB cannot evaluate credits that were taken at multiple schools without a transcript from each school. Courses posted on a transcript from a different college will not be evaluated.
- Provide an official transcript to the Registrar's Office when I take courses at another college or university
- Notify the VA Certifying Official when I drop or add a class
- Notify the VA Certifying Official if I change my degree, major or minor
- Notify the VA Certifying Official if I withdraw from all my classes within a semester

| Student Signature: | Date: |
|---------------------|-------|
| | |
| Student Print Name: | |

VA dependent students agree to give FERPA permission to discuss all topics related to VA benefits with the Veteran or legal guardian, when applicable.

Student Signature: _____ Date: _____