



REQUEST FOR VETERANS BENEFITS

Financial Aid & Veterans Affairs

IN ORDER TO RECEIVE BENEFITS, THIS FORM MUST BE COMPLETED FOR EACH SEMESTER

EVERY LINE ON THIS FORM MUST BE COMPLETED OR IT WILL BE RETURNED TO YOU!

Instructions: Complete this form for each semester you desire to claim benefits from V.A. Failure to complete this form correctly will delay or prevent your enrollment certification. Submit your request after registration for classes. Any change in your registration, credit hours, or major must be reported immediately to the Veterans Office at Owens. V.A. will not pay for any courses not required in your major or technology.

Name _____ Home Phone _____
 Street _____ Business Phone _____
 City _____ State _____ ZIP _____ SSN _____
 Major _____ VA File Number _____
 Campus Toledo Campus Findlay Campus (Chapter 35 Only)

<input type="checkbox"/> Fall _____	<input type="checkbox"/> Chapter 30 (New GI Bill)	<input type="checkbox"/> Chapter 35 (Dependents)
<input type="checkbox"/> Spring _____	<input type="checkbox"/> Chapter 31 (Disabled Vets)	<input type="checkbox"/> Chapter 106/1606 (Reserve & N.G.)
<input type="checkbox"/> Summer _____		

Course & Section Number	Exact Dates of Enrollment	Credit Hours
<i>For example: ENG 111-123</i>	<i>January 11, 1999 - May 17, 1999</i>	<i>3</i>

Total Credit Hours _____

My full-time rate per month is \$ _____ (Call D.V.A. at 1-888-GIBILL-1 if you need assistance in determining this rate or refer to your current *Pay Rate Chart*).

Credit Rates for Fall & Spring	Credit Rates for Summer
• Full-time = 12 or more credit hours	• Full-time = 6 or more credit hours
• 3/4 time = 9 - 11 credit hours	• 3/4 time = 5 credit hours
• 1/2 time = 6 - 8 credit hours	• 1/2 time = 3 - 4 credit hours

NOTE: Only tuition and fees will be paid for less than half-time.

I affirm that the preceding courses, which I have listed and registered for, are required in the above stated degree/major; they have not been taken previously nor have I received transfer credit for them. I will notify the Veterans Office at Owens Community College should I have any change in my enrollment, major, credit hour or change of address. Furthermore, I authorize the release of my academic transcripts to all needy parties in determining continued use of my veterans educational benefits.

Veteran's Signature _____ Date _____

Please complete the following sections as applicable:

Request To Change Of Address:

“I request a change of address effective _____

My new address is: _____

Veteran’s Signature

Date

Request To Change Of Program:

“I request a change of program from _____

to _____ effective _____. The number of credit hours that will transfer in from my former program into my current program is _____

Veteran’s Signature

Date

Request To Change Place Of Training:

“I request a change of place of training from _____

to _____ effective _____. The number of credit hours that will transfer in from my former place of training into my current program is _____.”

Veteran’s Signature

Date

Request For Advance Payment

“I request advance payment for the period of _____

through _____. I have approved this through the Veterans Representative.”

Veteran’s Signature

Date