



**Veteran Student Status Form**

**STATEMENT OF UNDERSTANDING FOR RECEIPT OF VETERANS EDUCATION BENEFITS**

As a student receiving VA education benefits, I understand that I am required to COMPLETE and SUBMIT a SCCC Veteran Student Status Form before the start of each semester.

**This form must be submitted in person to your Campus Registrar's Office.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Veteran's VA File # or SSN: \_\_\_\_\_ SCCC ID #: \_\_\_\_\_ VA Education Benefits (✓)

Address: \_\_\_\_\_  
(Street) (City/ZIP Code)

- \_\_ Chapter 30
- \_\_ Chapter 31
- \_\_ Chapter 33
- \_\_ Chapter 35
- \_\_ Chapter 1606
- \_\_ Chapter 1607

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

SCCC Degree Program: \_\_\_\_\_

Term: \_\_\_\_\_ Home Campus: \_\_\_\_\_ # of credits you will be taking: \_\_\_\_\_

Is this your first time receiving VA education benefits? \_\_\_ Yes \_\_\_ No

I am responsible for (students should initial each bullet below):

- notifying the Registrar's Office if I change my credit hours (add or drop classes) once classes begin \_\_\_\_\_
- notifying the Registrar's Office as soon as possible if I stop attending class \_\_\_\_\_
- notifying the Registrar's Office if I change my degree program or home campus \_\_\_\_\_
- notifying the Registrar's Office if my mailing address, phone number, or email address changes \_\_\_\_\_
- any debt as a result of withdrawing from a course \_\_\_\_\_
- all debts that I incur and must be repaid to the Department of Veterans Affairs \_\_\_\_\_

**I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE ABOVE REQUIREMENTS IT CAN RESULT IN AN OVERPAYMENT, AND/OR UNDERPAYMENT, AND/OR NONPAYMENT OF BENEFITS.**

Please note that this form must be **submitted in person** to your Campus Registrar's Office (locations are provided below). In order for Chapter 30 and 1606 payments to be released, you must also verify attendance with the VA starting the last day of the month. You will need to either call the IVR (interactive voice response) system at 1-877-823-2378 or access the WAVE (web automated verification of enrollment) at <http://www.gibill.va.gov>.

I hereby certify that I have read, initialed, and fully understand the requirements outlined above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Please keep a copy for your records. Please remember that it is in your best interest to provide timely and accurate information regarding your enrollment status.

White Copy: Registrar, Yellow: Central Financial Aid, Pink Copy: Veteran

5/16/16

**Ammerman Campus**  
533 College Road  
Selden, NY 11784-2899  
(631) 451-4004

**Michael J. Grant Campus**  
Crooked Hill Road  
Brentwood, NY 11717-1092  
(631) 851-6780

**Eastern Campus**  
121 Speonk-Riverhead Road  
Riverhead, NY 11901-3499  
(631) 548-2502