

# VETERANS WORKSHEET

Return to: GI Bill Services Office, 201 D Communications Center  
The University of Iowa 52242  
Summer/Fall 2016 Spring 2017  
FAX 319 335 3761

Name \_\_\_\_\_ UI ID # \_\_\_\_\_ SSN # \_\_\_\_\_

Address (you want VA to have) \_\_\_\_\_  
(Street) (City & State) (Zip Code)

E-mail address: \_\_\_\_\_ Cell Phone:(?) \_\_\_\_\_

## Benefit Program You Are Eligible For

- (Chp 30) Montgomery (Active Duty) G.I. Bill
- (Chp 33) Post-9/11 G I BILL....Have you used any other GI BILL program? If so which ones? \_\_\_\_\_  
Did you receive a Certificate of Eligibility as a result of your application what percentage? \_\_\_\_
- (TOE) Transfer of Eligibility  
Did you receive a Certificate of Eligibility as a result of your application what percentage? \_\_\_\_\_
- (Chp 35) Dependent of Veteran (If so give your VA claim number here) \_\_\_\_\_
- (Chp 31) VA Voc Rehab...Who is your Voc Rehab Counselor? \_\_\_\_\_
- (Chp 1606) Montgomery (Reserve/Nat'l Guard ) G.I. Bill. Please circle whether you are guard or reserve and the location of your drilling unit \_\_\_\_\_
- (Chp 1607) Deployed guard/reserve benefit: Please circle whether you are guard or reserve and the location of your drilling unit \_\_\_\_\_

1. Degree (or certificate) objective \_\_\_\_\_ Major \_\_\_\_\_ Please note: The DVA will only pay you for courses usable toward a degree program.
2. Expected date of graduation (month/year) \_\_\_\_\_
3. Where did you last receive VA benefits? \_\_\_\_ Here \_\_\_\_ Other School \_\_\_\_ First Time
4. Number of hours of registration for the Summer \_\_\_\_\_ ( ) Not using benefits for summer

**Please be advised. Since we have many short courses, you should be alert to the fact that the beginning and ending dates of each individual course will affect the amount of money the VA will send you for the month. The Dept. of Veterans Affairs will treat each course you are enrolled in as a separate unit with its own beginning and ending date. We will report these dates to the VA so they can determine what their regulations specify for your monthly pay. When a course ends, it is no longer counted by the VA as part of your enrollment irregardless of which semester it is assigned to. This is independent of Univ. of Iowa policy.**

5. Do you expect to receive Veterans benefits at the U of I Fall ? No \_\_\_\_ Yes \_\_\_\_ anticipated # hours \_\_\_\_
6. Do you expect to receive Veterans benefits at the U of I Spring ? No \_\_\_\_ Yes \_\_\_\_ anticipated # hours \_\_\_\_
7. Do you expect to receive Veterans benefits at the U of I Winter ? No \_\_\_\_ Yes \_\_\_\_ anticipated # hours \_\_\_\_
8. Are you repeating any courses? Which ones? \_\_\_\_\_  
DVA will not pay you for retaking courses you have previously passed.
9. Did you apply for financial aid for the coming academic year? \_\_\_\_\_
10. Do you have a disability rating with either the military or the DVA? \_\_\_\_\_ What percentage? \_\_\_\_\_

**For All Semesters, Changes in course enrollment after the last day to drop and add courses may result in loss of benefits back to the first day of class unless the VA finds mitigating circumstances involved in the change. Courses added during the drop/add period are considered by the VA to begin on the day the course was added, not the first day of the session (as a result, the first VA check for the session may be less than the full amount expected).**

**I AM AWARE THAT CHANGES IN MY REGISTRATION MAY ALTER THE PAYMENT THE VA WILL AWARD ME.**  
I understand that I will be liable for any overpayment which I might receive from the Veterans Administration. Listed above are all courses I am repeating (#7). **I AM ALSO AWARE THAT I MUST CHECK IN EACH SESSION AFTER REGISTERING IF MY PLANS CHANGE FROM WHAT I REPORT HERE.**

I hereby certify that all statements are true and complete to the best of my knowledge and belief.

\_\_\_\_\_ I request GI Bill payment for the program I have listed in question #1

\_\_\_\_\_ today's date