

Office of Veteran & Military Services, 1 Hawk Drive, New Paltz, NY 12561-2439

This form cannot be processed unless it is filled out CLEARLY, CORRECTLY, COMPLETELY AND SIGNED.

Fall Winter Spring Summer 20_____ Semester Year

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Student ID Number

Last Name First MI

Student E-mail (required)

Local Address: Street Apt. No.

(_____) _____
Telephone Number

City State Zip Code

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Social Security Number

Date of Birth Ch. 35 File No. Ch. 35 Payee No.

Ch. 35 Sponsor Last Name First

MILITARY, VETERAN AND DEPENDENT STATUS

Service Members
<ul style="list-style-type: none"> ▪ Indicate if you are: <ul style="list-style-type: none"> <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran ▪ Branch of Service: <ul style="list-style-type: none"> <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Space Force <input type="checkbox"/> USMC <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other
ROTC
Are you participating in ROTC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependents
Indicate if you are: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <ul style="list-style-type: none"> ▪ Is your parent/spouse still serving in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are they: <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve ▪ Which Branch of Service is/was your parent/spouse serving in? <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Space Force <input type="checkbox"/> USMC <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard
Other Category

1. Current Status: Undergraduate Graduate
 Non-matriculated Lifetime Learner
2. Has your Major changed since last semester: Yes No
3. Have you used VA benefits before: Yes No
4. Are you a transfer student this semester: Yes No
5. Is this your first semester at SUNY New Paltz: Yes No
6. Are you a Guest Student at SUNY New Paltz this semester:
 Yes No
7. Are you a Guest Student at another college this semester:
 Yes No
If Yes, what is the name of institution: _____
8. Education Benefits: 30MGIB 1606 MGIB (SR)
 31 VR&E 35DEA/CHAMPVA 33 Post 9-11
 33 Post 9-11 TOE 33 Fry Scholarship
 Mil. T.A. Other *please explain*:
Benefits % _____

Consistent with the Federal Privacy Act of 1974 you are being notified that disclosure of your Social Security Number is required. This is because the College uses your Social Security Number to process your military benefits. The College will not disclose your Social Security Number for any purpose not required by law without your consent.

STATEMENT OF UNDERSTANDING

- I hereby agree to notify the SUNY New Paltz Veteran's Certification Office immediately via email or letter of any changes in my status including: a) any change in registered courses; b) withdrawal from course or college; c) change of major; d) change of address; etc. **Note: changes in credit hours may adversely affect my benefits.**
- I hereby certify that no changes have been made to my status in previous semesters via academic petitions, late submission of leave of absence, etc... that may affect past payment of benefits from the VA.
- VA educational benefits cannot be paid to non-matriculated college or university students unless they are pending admission to our school. In that case they can be certified for two quarters or semesters. The student can be certified beyond this two-term limit only if the student is admitted to SUNY New Paltz as a degree-seeking student, irrespective of the number of credits taken. Failure to comply may result in suspension of benefits.
- **THIS FORM MUST BE COMPLETED AND TURNED IN NO LATER THAN THE BEGINNING OF EACH SEMESTER OF ATTENDANCE THAT YOU WISH TO RECEIVE BENEFITS FOR.** Failure to comply with the above may adversely affect processing payment of your benefits.
- My VA benefits will be discontinued if there is a failure to maintain satisfactory academic progress and attendance toward my approved degree program. I have approximately nine weeks to complete any incomplete grades from the previous semester.
- I am responsible for paying any charges to SUNY New Paltz not covered by VA benefits.

Signature of Student

Date

FOR OFFICIAL USE ONLY

Additional remarks:

Undergrad or Graduate Student: Matriculated or Non-Matriculated	Deferral:	Mil TA (If applicable): Federal State
	RH Holds (CH 33, CH31, TA):	ARGOS Coding:
NY Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Guest Student (Primary School Letter):	Residency Tag/ Notify FA:
Major:	Guest Student (Secondary School Letter):	SGASTDN:
Total Credits: Res: Dist: R/D:	Progress Report:	TGACOMC (comments):
Waive alumni fee:	Student Submitted: <input type="checkbox"/> COE <input type="checkbox"/> APP Confirm:	
T & F:	EM:	

OVMS REPORTING DEMOGRAPHICS

Admissions Data (1st Layer)		Reporting Data (2nd Layer)	
<input type="checkbox"/> A – Active	<input type="checkbox"/> D – Dependent	<input type="checkbox"/> A – Active	<input type="checkbox"/> DA – Dependent of Active
<input type="checkbox"/> R - ROTC	<input type="checkbox"/> U – Undefined	<input type="checkbox"/> R - ROTC	<input type="checkbox"/> DV – Dependent of Veteran
<input type="checkbox"/> V – Veteran	<input type="checkbox"/> O – Other	<input type="checkbox"/> V – Veteran	<input type="checkbox"/> U – Undefined
		<input type="checkbox"/> NG/R – National Guard/ Reserve	<input type="checkbox"/> O – Other