OU Veteran Student Services
New Student Checklist
GI Bill®

Name: _____ OU ID #: _____

SSN #: _____

Address: _____ VA File Number: _____

_____ Major: _____

Phone number: _____ Degree level: ☐ Undergraduate

Email: _____ ☐ Graduate

We need a copy of your Certificate of Eligibility. We cannot certify you without this form.
Have you submitted your Certificate of Eligibility to our office? ☐ Yes ☐ No

Which chapter of VA educational benefits are you applying to use? (check one)

- ☐ Chapter 1606 — Guard/Reserve
- ☐ Chapter 1607 — Guard/Reserve activated for 9/11
- ☐ Chapter 30 — Served as Active Duty
- ☐ Chapter 30 Active — Currently serving on Active Duty
- ☐ Chapter 31 — VA Vocational Rehab
- ☐ Chapter 35 — Dependent
  - Suffix letter: _____
- ☐ Chapter 33 — Post 9/11 GI Bill (select one of the three below)
  - ☐ Prior active duty
  - ☐ Currently active duty
  - ☐ Dependent

If applicable, which will you be receiving from the National Guard / Reserve?

☐ Tuition waiver ☐ FTA

Read and Initial

_____ I understand that dropping below full-time will affect my pay and create a debt.

_____ I understand that when adding a class I must submit a revised confirmation sheet to my advisor for approval.

_____ I understand that at the end of the term, *AW's, W's, I's, and N's will be investigated* and reported to the VA regional office.

_____ _____

Signature of Applicant Date

Office Use
RA31 _____
VAOnce 10.14

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