OAKLAND COMMUNITY COLLEGE®

Veterans Statement Of Intent Request For VA Benefits

It is your responsibility to RETURN or FAX this form EACH SEMESTER in order to be certified for VA benefits.

Veterans Affairs Office, 2900 Featherstone Rd., Auburn Hills, MI 48326 · Phone: 248-232-4342 · Fax: 248-232-4349

IMPORTANT: YOU MUST REGISTER AND PAY FOR YOUR CLASSES BEFORE SUBMITTING THIS FORM.

Check VA Chapter: ☐ **Chap. 30 (GI Bill)** ☐ **Chap. 31 (Vocational Rehabilitation**
☐ **Chap. 1606 (Reservist)** ☐ **Chap. 35 (Dependents)** ☐ Please certify for CHAMPVA

Name: _____ **Soc. Sec. #** _____

Address: _____

_____ **Telephone:** _____
(City) **(State)** **(Zip)**

Name of OCC Associates Degree: _____

Check Semester: □ **FALL** □ **WINTER** □ **SUMMER I / SUMMER II**

NUMBER OF CREDITS REGISTERED: _____

VA AGREEMENT: Should I **withdraw or stop attending any of my classes**, I will **notify** OCC VA Office as of the date of the drop or non-attendance. Should I fail to notify the OCC VA Office of any changes in my enrollment or attendance which may result in my earning a grade that does not count toward graduation i.e. "W", "WP", "WF", "N" or any like grade, **I UNDERSTAND THAT** the Regional office of the Dept. of VA Affairs will use the **beginning date of the semester as the last date of attendance** (unless I have "mitigating circumstances"), i.e. as if I never attended, and may therefore create an overpayment for any or all of the monies paid to me for the semester. Further, I agree that I will have an up-to-date Veterans Plan of Study completed each year and I understand that to comply with VA regulations, the OCC VA Office cannot certify me for courses that do not appear on my Veterans Plan of Study.

Early enrollment ensures processing of your paperwork without delay and without interruption in your benefits.

Signature _____ **Date** _____