

# CLARK ATLANTA UNIVERSITY

## STUDENT VETERAN AFFAIRS INFORMATION SHEET

### Steps on Receiving VA Educational Benefits at Clark Atlanta University:

1. You must be an admitted and confirmed student at Clark Atlanta University.
2. You must have a processed application for benefits (1990 form) on file with the Department of Veteran Affairs. If you have not filled out this form please do so by visiting the Veteran Affairs website at: [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). It is the student's responsibility to know their entitlement status. For questions regarding your entitlement status please call the GI Bill hotline at 1-888-442-4551.
3. You must provide the Certifying Official in the Registrar's Office a copy of your Certificate of Eligibility Letter. Certificate of Eligibility will be required at the beginning of the first term of your matriculation and each FALL semester thereafter. Students can submit their Certificate of Eligibility to the University Registrar Office in person in Room 102 Trevor Arnett Hall or via email at [StudAcctVA@cau.edu](mailto:StudAcctVA@cau.edu).
4. You must be registered for classes. VA processing will not take place until after you have registered for all of your classes.
5. You must fill out a request to be certified for the classes for which you are registered for in the Registrar's Office. This must take place every semester.
6. You must complete a Clark Atlanta University Veteran's application; forms are located in the University Registrar Office in Trevor-Arnett, room 102. Students will be required to complete each document of the application as a part of enrollment at the beginning of the semester of matriculation with the University. This application is only required to be completed once during matriculation or when there is a break in enrollment.

### **YOU MUST FILL OUT AN APPLICATION WITH THE VETERAN ADMINISTRATION OFFICE:**

You may go on line at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill)

Pull down the application associated with your chapter, fill it out and submit it online.  
Print a copy for your files.

**ONCE YOU RECEIVE YOUR LETTER OF ELIGIBILITY  
CONTACT THE OFFICE OF THE REGISTRAR VA REPRESENTATIVE  
MS. ELVIE MONTELUS 404-880-8100/ [StudAcctVa@cau.edu](mailto:StudAcctVa@cau.edu) TO GET CERTIFIED**

**INQUIRES - TO FIND OUT THE STATUS OF YOUR CLAIM  
CALL TOLL FREE NUMBER 1-888-442-4551**

**MONTHLY ATTENDANCE CERTIFICATION FOR RETURNING STUDENTS  
1-877-823-2378 OR <https://www.gibill.va.gov/wave/index.do> SELECT "WAVE"**

**DIRECT DEPOSIT INFORMATION - 1-877-838-2778  
(MONDAY - FRIDAY 7:30 am - 4:00 pm)**

# Clark Atlanta University

## VETERAN'S INFORMATION FORM

PHONE: (404) 880-8100, FAX: (404) 880-6083

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ STUDENT SS# \_\_\_\_\_ PAY EE# \_\_\_\_\_

VA FILE #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

LOCAL MAILING ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

LOCAL PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

CAU EMAIL ADDRESS \_\_\_\_\_ ALTERNATE EMAIL ADDRESS \_\_\_\_\_

DEGREE/MAJOR \_\_\_\_\_

Below please indicate all that applies:	YES	NO
Are you on active duty		
GI Bill (Montgomery) / Chapter 30		
Vocational Rehabilitation / Chapter 31		
VEAP / Chapter 32		
New GI Bill / Chapter 33 at (    %)		
Veteran's Dependent / Chapter 35		
Reservist / Chapter 106 or 1606		
Continuing Student		
Transfer Student		
New Student		
Transient Student		
Cross Registration Student		
Other:		

I understand that it is my responsibility to notify the Clark Atlanta University Veteran Service Office each semester that I am registered for classes. By signing this form, I consent to allow the appropriate administrator to consult with the necessary offices for verification to submit to the VA Regional Office.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# Veteran Enrollment Certification Request Form

STUDENT NAME (PRINT): \_\_\_\_\_ STUDENT ID: 900 \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_

PLEASE INDICATE WHICH TYPE OF STUDENT YOU PLAN TO BE (check all that apply):

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_ Meal Plan \_\_\_\_\_ Final Semester \_\_\_\_\_

PLEASE INDICATE FOR WHICH CHAPTER OF VA BENEFITS YOU ARE RECEIVING: \_\_\_\_\_

If you are a new student, have you previously received VA benefits at another institution: \_\_\_\_\_

\*You must report the change to the VA by completing Form 22-1995 (veterans) or 22-5495 (dependent/spouse) via VONAPP.

Term you're requesting benefits for: Term: \_\_\_\_\_ Year: \_\_\_\_\_

WILL YOU BE CERTIFIED FOR THE REMAINDER OF THE ACADEMIC YEAR AS A FULL-TIME STUDENT? \_\_\_\_\_

NOTE: STUDENTS CANNOT BE CERTIFIED UNTIL AFTER THEY ARE REGISTERED FOR CLASSES.

PLEASE READ AND INITIAL EACH ITEM:

I UNDERSTAND THAT VA EDUCATIONAL BENEFITS WILL NOT PAY FOR A STUDENT TO REPEAT A COURSE, UNLESS THE COURSE WAS NOT SUCCESSFULLY PASSED.

I UNDERSTAND THAT IF I WITHDRAW FROM A COURSE(S), I AM RESPONSIBLE FOR CONTACTING THE SCHOOL CERTIFYING OFFICIAL IMMEDIATELY. A CHANGE IN STATUS COULD RESULT IN A REDUCTION IN PAYMENT OR A STUDENT DEBT WITH THE VA.

I UNDERSTAND THAT IF I CHANGE MY PROGRAM OF STUDY, I MUST NOTIFY THE SCHOOL CERTIFYING OFFICIAL.

I UNDERSTAND THAT IF I ACCEPT PAYMENT FROM VA FOR THE TERM/HOURS IN WHICH I AM NOT ENROLLED FOR, I MAY BE RESPONSIBLE FOR AN OVERPAYMENT DUE TO THE VA.

I UNDERSTAND THAT ADVANCE PAYMENTS FROM THE UNIVERSITY ARE CONTINGENT UPON RECEIPT OF FUNDS FROM THE THIRD PARTY PAYEE.

I UNDERSTAND THAT MY SCHOOL CERTIFYING OFFICIAL MAY CONTACT ME VIA MY CLARK ATLANTA UNIVERSITY E-MAIL ACCOUNT. THEREFORE, I AM RESPONSIBLE FOR CHECKING THIS E-MAIL REGULARLY.

I UNDERSTAND THAT VA EDUCATIONAL BENEFITS PAYS FOR TUITION AND FEES ONLY (DEPENDENT ON THE CHAPTER) AND I AM RESPONSIBLE FOR PAYING ANY FEES NOT PAID BY THE VA. FEES ASSOCIATED WITH TUITION AND FEE PAYMENT INCLUDES HEALTH INSURANCE.

I UNDERSTAND THAT FEES ASSOCIATED WITH TUITION AND FEE PAYMENT INCLUDES HEALTH INSURANCE THEREFORE IF I ELECT TO OPT OUT OF HAVING HEALTH INSURANCE, IT WILL BE MY RESPONSIBILITY TO DISCLOSE THIS INFORMATION TO THE CERTIFYING OFFICIAL DURING THE CERTIFICATION PROCESS. IF NOT, I WILL BE RESPONSIBLE FOR ANY BALANCES ASSOCIATED WITH THIS FEE.

I UNDERSTAND THAT IN THE EVENT THAT I AM NOT MEETING ACADEMIC PROGRESS, MY VA EDUCATIONAL BENEFITS MAY BE TERMINATED WHICH MAY RESULT IN A DEBT BEING OWED TO THE VA OR UNIVERSITY.

**I understand that I must complete this form for EVERY SEMESTER I wish to receive VA Educational Benefits. Failure to complete and return this form as soon as I have finalized my enrollment for the indicated term may cause a delay in my VA benefits for that term. Tuition and Fee payment is not requested until after add/drop period ends. The estimated timeframe to receive tuition and fee payment can take up to 3-6 weeks after the request is initiated.**

*I hereby certify that all statements I have made on this form are true and complete to the best of my knowledge and belief.*

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

*After completing this form, please return to your Campus Certifying Official in the Registrar's Office.*

# Third Party Contract Agreement Form

STUDENT NAME: \_\_\_\_\_ STUDENT ID: 900 \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_

PLEASE INDICATE THIRD PARTY PAYEE NAME: VETERANS AFFAIRS \_\_\_\_\_

I \_\_\_\_\_ understand that my tuition is scheduled to be completely or partially paid by the above named third party payee. In the event, if my bill is partially paid, I agree to either pay the amount not covered in full or to set up a payment plan. If I fail to do this, my classes may be dropped. I further understand that I am personally held responsible for any unpaid financial obligation under this contract.

I understand that if the above named third party payee needs to be invoiced in order for the University to receive payment, I will be held responsible for submitting the necessary documents to the Third Party Coordinator located in the Student Accounts Office. I understand that my third party payment/reimbursement may be contingent upon attendance, grades, GPA, and number of hours maintained therefore, I give Clark Atlanta University permission to release, to the third party payee, any information that may be required to process my third party payment such as: academic standing, grades, registered courses and course withdrawals. **I also, understand if the third party payee does not pay within a reasonable time that it is my responsibility to follow up to resolve this matter. Furthermore, if the third party payee fails to provide the full amount requested, I understand that my account will reflect the amount as owed to the University.** I understand that the amount owed in the event that the third party payee does not pay will become my responsibility and I will make the necessary payment arrangements to pay this amount as soon as I am notified. Moreover, I understand that if my account is left unpaid, an Accounts Receivables hold will be place on my account which will prevent me from any future registrations, transcript processing and the release of my diploma until my account is satisfied. I understand that the University reserves the right to turn your account over to a collection agency for collecting the amount due and any additional collection costs and charges necessary or collection efforts.

**Note: Every third party payee has some type of form that is given to the student to acknowledge that he/she is a third party recipient. This form usually states the amount being paid and any special limitations or requirements. This information MUST be submitted to the Student Accounts Office on or before the semester deadline to ensure enrollment.**

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS.

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date