



William Carey University

Registrar's Office

710 William Carey Parkway • Hattiesburg, MS 39401

VA INFORMATION FORM

Name: _____ SSN # _____
Last First Middle Initial

Local Address: _____
Street or Box Number City State Zip

Phone: _____ Alternate Phone: _____ Email: _____

Major: _____ Expected Graduation Date: _____
(MM/YY)

If you have attended WCU before, last date attended: _____

Have you attended another institution since your last term at WCU? Yes _____ No _____

Are you a transfer student? Yes _____ No _____

Name of institution attended: _____

Did you receive VA benefits? Yes _____ No _____

In what term would you like to begin receiving benefits? _____

NOTE: Benefits are paid only for courses required by your degree.

I understand that I cannot use Federal Tuition Assistance for the same classes for which I use VA benefits. *Initial* _____

Please indicate which chapter applies to you (ask if unsure):

- _____ Ch. 1606 Reservist or National Guard
- _____ Ch. 30 Active Duty began after 6/30/85
- _____ Ch. 35 Survivors and Dependents — Veteran's SSN/VA File # _____
- _____ Ch. 31 Vocational Rehabilitation — Counselor Name _____
- _____ Ch. 33 Post 9/11 Transfer of Benefits? Yes _____ No _____
Percentage Eligible (if known) _____

Please select the description that best applies to you:

___ Active Duty ___ Guard/Reserve ___ Veteran ___ Military Spouse ___ Military Child

Student's Signature: _____ Date: _____

VA AGREEMENT

William Carey University receives notification on cycle sheet(s) from the Department of Veterans Affairs when payment is processed to students.

I (*print name*) _____ agree that I am responsible for my account in the Business Office of William Carey University and understand that the VA benefits I am receiving are educational benefits. Within five (5) days of receiving payment from the VA, I will contact the Business Office to make sure that any balance due is paid from the payment that I receive from the VA before this money is used for other purposes.

Payment can be submitted in person to the local campus business office or should be mailed to:

William Carey University
WCU Box 2
710 William Carey Parkway
Hattiesburg, MS 39401

All account balances must be paid in full by the end of each term in order to proceed to the next term. Failure to follow this agreement will jeopardize any future payment arrangements for the VA, and William Carey University could require payment in full for future registration.

By signing this one-time VA agreement, I understand that this is valid for all encompassing present and future enrollments with William Carey University.

Student Signature

Date

Social Security Number

Student ID Number

VA Certifying Official or School Official

Date