



# AR Form 20

## Request for VA Payment

1. Complete this form **each** semester or session for which you enroll and want to be paid.
2. Courses previously completed and passed **cannot** be re-certified for payment.
3. It is your responsibility to report class changes or withdrawals to this office **and** to the VA.
4. The form must be complete in order to be processed.

I am currently using Chapter: 30  31  33  35  1606  1607

Attending: Spring yr \_\_\_\_\_ Summer yr \_\_\_\_\_ Fall yr \_\_\_\_\_ Winter yr \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN or Student ID #: \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_

**List courses currently registered for / dropped: (Indicate Add or Remove as such)**  
**Note: These courses MUST already be on your STUDENT EDUCATION PLAN.**

Section Number (i.e. 66543)	Course Title (i.e. HIS 111 or MATH 102)	# of Units	Add or Remove?

I certify to the best of my knowledge the above information to be true and correct and that I am not duplicating courses I have successfully completed. I accept full responsibility to notify the Admissions & Records office and the VA of any changes in my enrollment effective upon the changes. I also understand that I will have to pay back to the Department of Veteran’s Affairs any overpayment made to me.

Today’s Date: \_\_\_\_\_ Signature: \_\_\_\_\_