



Advanced Pay Request

Name: _____ SID: _____ - _____ - _____

I am requesting advanced pay on my Veterans' Educational Benefits.

Quarter for which advanced pay is being requested: _____ Year: _____

Phone Number: (_____) _____ - _____ Email Address: _____

Address City State Zip

Advanced pay is not available if you are currently attend or attended prior term.

You must be enrolled for at least six credits.

This request must be submitted no later than 30 days (continuing student) or 45 days (new student) before the quarter begins.

Student Certification

"I am aware that if I request Advance Pay I will receive a check at the start of the quarter and will not receive another check until approximately three to four months later"

In requesting Advanced Pay, I have read and understand the preceding statements.

Signed: _____ Date: _____

Reviewed & Submitted to VA Regional office by _____
VA Certifying Official Date