University of Alaska Fairbanks
Office of Financial Aid
P.O. Box 756360
Fairbanks, AK 99775-6360
(907) 474-6391 / (907) 474-1834 fax

Request for Delay of VA Benefit

NAME:_____
Last First MI

UA SID:_____

I wish to delay usage of my VA benefit for one semester. I understand that I will receive no VA benefit during this period of time and that this period of time will not count toward my total months of benefits used but will still be counted in the total years remaining to use my benefit (typically 10 years from date of separation)._____(Initial)

SEMESTER:_____

YEAR:_____

I understand that I will not be certified for the semester listed above and that, if I register for the following semester, a certification will be submitted to the VA Regional office unless I complete another Request for Delay of Benefit.

SIGNATURE:_____DATE_____