



**OKLAHOMA STATE UNIVERSITY**  
**OFFICE OF THE REGISTRAR**

**SUBMIT TO:**  
**VETERAN SERVICES**  
**322 STUDENT UNION**  
**STILLWATER, OKLAHOMA 74078-1013**  
**405-744-6343, FAX 405-744-8426**  
**VETERANSBENEFITS@OKSTATE.EDU**

**APPLICATION FOR YELLOW RIBBON PROGRAM (CHAPTER 33 ONLY)**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

VA File Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you received a Certificate of Eligibility form from the VA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it indicate you qualify for Chapter 33 benefits at the 100% eligibility level? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your Oklahoma Residency classification with OSU: Oklahoma Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

What is your classification at OSU?

Undergraduate Student \_\_\_\_\_ Graduate Student \_\_\_\_\_ Doctor of Veterinary Medicine (CVHS) Student \_\_\_\_\_

Please check which applies to you:

- \_\_\_\_\_ Veteran
- \_\_\_\_\_ Spouse of veteran
- \_\_\_\_\_ Dependent (child) of veteran

Please read each statement below and initial in the space to the left of each statement to acknowledge your understanding and acceptance:

\_\_\_\_\_ I understand that the Yellow Ribbon Program tuition waiver is available to non-resident students who qualify for Chapter 33 benefits at the 100% eligibility level.

\_\_\_\_\_ I understand that Yellow Ribbon recipients will receive tuition waivers from OSU each **academic year** (fall, spring and summer terms combined), as follows: 50% of the unmet nonresident tuition charges. The VA will match OSU's Yellow Ribbon tuition waiver each semester for qualifying students.

\_\_\_\_\_ I understand that I will only receive benefits for courses that are required for my academic degree program. If I am repeating a course in which I have previously received credit and an appropriate letter grade, I will not receive Yellow Ribbon benefits for the repeated course.

\_\_\_\_\_ I understand that I am required to submit a completed **Veterans Advisory Form** to the Registrar's Office listing my current class schedule before I am eligible to receive Chapter 33 education benefits or Yellow Ribbon Program tuition benefits.

\_\_\_\_\_ I understand that changes made to my class schedule may result in overpayment of Veterans Administration benefits, and that I am fully responsible for any overpayment of Veterans Administration benefits that may occur. If I am in overpayment status and do not reimburse OSU in a timely manner, I may be at risk of losing my Yellow Ribbon Program tuition waiver.

\_\_\_\_\_ I understand that recipients of Yellow Ribbon Program benefits are required to maintain good academic standing with the university. I also understand that OSU will determine on an annual basis whether to continue participation in the Yellow Ribbon Program.

\_\_\_\_\_ I understand that some courses taught through correspondence study, extension and outreach are excluded. For more information, contact the department offering the courses to determine whether the tuition waiver applies.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

Registrar's Office Use Only			
Eligible? (Yes/No): _____	YRP Participant Number: _____	Initials: _____	Date: _____
Tuition Waiver Processed By: _____	Date: _____	Initial Term of Application: _____	