

Enrollment Certification Request FOR VA EDUCATION BENEFITS

1. STUDENT INFORMATION

Student Last Name:	Student First Name:
Student ID #:	Last Four Digits of Student SSN:
Quarter:	Academic Year:

Please indicate your military status:

<input type="checkbox"/> Discharged Veteran	<input type="checkbox"/> National Guard
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reservist (not including ROTC)
<input type="checkbox"/> Child of Service Member	<input type="checkbox"/> Spouse of Service Member
Please indicate your branch of service (unless you are the dependent):	

2. VETERAN BENEFIT INFORMATION

Please indicate your VA Education Benefits program:

<input type="checkbox"/> Chapter 33 – Post 9/11 GI Bill®	<input type="checkbox"/> Chapter 31 – Vocational Rehabilitation
<input type="checkbox"/> Chapter 30 – Montgomery GI Bill®	<input type="checkbox"/> Chapter 35 – Dependents Educational Assistance
<input type="checkbox"/> Chapter 1606 – Montgomery GI Bill® Selected Reserves	<input type="checkbox"/> Claim# (If using Chapter 35):

3. DEGREE/CERTIFICATE PROGRAM

<input type="checkbox"/> Certificate Program	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> BA	<input type="checkbox"/> MS	<input type="checkbox"/> JD
<input type="checkbox"/> BS	<input type="checkbox"/> PhD	<input type="checkbox"/> Other: _____

Please indicate major: _____ *If you have not yet declared major, indicate intended major.

4. ACADEMIC SCHEDULE

Course name and number/ SLN code:	Course name and number/ SLN code:	Course name and number/ SLN code:

5. CREDIT EVALUATION – TO BE COMPLETED BY ADVISER

Please review the degree plan to verify what degree requirements have been met, or need to be re-taken.

Total number of credits required to earn degree/certificate:
Number of credits earned as of today:
Remaining number of credits to earn including current quarter:



6. ACADEMIC SCHEDULE - TO BE COMPLETED BY ADVISER

Are all courses required for the degree/certificate program, either as an elective credit not filled, or as core requirement?

Yes/No checkboxes

Please indicate what course(s) are not required:

Are any of these courses online?

Yes/No checkboxes

If yes, please indicate what course(s) are online:

Are any of these courses repeated?

Yes/No checkboxes

If yes, please indicate what course(s) are repeated:

Do all of these courses have their majority of instruction/training on the Seattle campus?

Yes/No checkboxes

If no, please indicate what course(s) are not on the campus, and the location (full address):

Do any of these courses not follow the standard term dates?

Yes/No checkboxes

If yes, please indicate the dates of instruction:

7. ADVISER SIGNATURE

I verify that all courses marked above are required for the degree program either as core requirement(s) or as elective(s) not previously filled by prior courses or transfer credits.

Adviser Name: _____ Email: _____

Adviser Signature: _____ Date: _____

8. STUDENT CERTIFICATION AND SIGNATURE

I understand it is my responsibility to inform the Veterans Education Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the Veterans Education Benefits staff to release information from my student record to the Department of Veterans Affairs.

If I used my VA Education Benefits at another school and this is my first quarter using the VA Education Benefits at UW, I request a change of program or place of training as certified. (VA 22-1995/22-5495)

Student Name: _____

Student Signature: _____ Date: _____