Enrollment Certification Request

Quarter: ☐ Autumn  ☐ Winter  ☐ Spring  ☐ Summer  Year: __________

Student name (print): ___________________________  Student ID #: ______________

Degree (BA, MS, PhD, etc.): ___________________________  Major: ___________________________

Branch of service (if veteran): ___________________________  Using Tuition Assistance or employer tuition benefit? ___________

Veteran Status

☐ Discharged veteran  ☐ National Guard member  ☐ Child of U.S. military veteran or active duty

☐ Active duty  ☐ Reservist, not including ROTC  ☐ Spouse of veteran or active duty

VA Educational Benefits program

☐ Chapter 30 (Montgomery GI Bill)  ☐ Chapter 35 (Survivors/Dependents Educational Assistance)  Claim #/suffix: ______________

☐ Chapter 31 (Voc. Rehab.)  ☐ Chapter 33 (Post 9/11)  ☐ Chapter 1606 (Selected Reserves)

Course name and number  Credits  Verif’d VEBO  Course name and number  Credits  Verif’d VEBO


Repeating any courses? __________  Online courses? __________  Nonstandard term dates? __________

(attach course repeat form)  (attach department memo or advisor email)

Advisor signature and agreement

I certify that all course listed above are required, as core requirements or electives, for this student’s program of study.

(Exceptions: ___________________________

Advisor name (please print)  Advisor Signature

Department  Advisor Phone  Date

Student signature and agreement

• I understand I must complete this form each quarter after registering for classes.
• 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 Veterans Administration.
• I authorize the Veterans Education Benefits staff to release information from my student record to the Veterans Administration.

☐ Check if applicable: I request a change of program or place of training as certified. (VA 22-1995 or 22-5495)

☐ Check if applicable: I request to resume using benefits after an absence of more than six months. (VA 22-1995 or 22-5495)

Signature __________  Date __________

Please return this form to the Veterans Education Benefits office in person, by email, or by FAX.

520 Schmitz Hall  Box 355882  Seattle, WA 98195-5882
206.543.6122  fax 206.616.4862  veteran@uw.edu  veteran.uw.edu

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