VETERANS EDUCATION BENEFITS
UNIVERSITY of WASHINGTON

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

q Discharged veteran
q Active duty
q National Guard member
q Reservist, not including ROTC
q Child of U.S. military veteran or active duty
q Spouse of veteran or active duty

VA Educational Benefits program

q Chapter 30 (Montgomery GI Bill)
q Chapter 31 (Voc. Rehab.)
q Chapter 35 (Survivors/ Dependents Educational Assistance)
Claim #/suffix: _____
q Chapter 33 (Post 9/11)
q 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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