



Enrollment Certification Request
FOR VA EDUCATION BENEFITS

STUDENT INFORMATION

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Last Four Digits of Student SSN: XXX-XX- \_\_\_\_\_

Academic Quarter: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Please indicate your military status:

- Discharged Veteran, Active Duty, Child of Service Member, National Guard, Reservist (not including ROTC), Spouse of Service Member

Indicate your branch of service (if you are the dependent, type N/A): \_\_\_\_\_

VETERAN BENEFIT INFORMATION

Please indicate your VA Education Benefits program:

- Chapter 33 - Post 9/11 GI Bill, Chapter 30 - Montgomery GI Bill, Chapter 1606 - Montgomery GI Bill Selected Reserves, Chapter 31 - Vocational Rehabilitation, Chapter 35 Dependents Educational Assistance: Claim#: \_\_\_\_\_

DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or certificate program:

- Certificate Program, BA, BS, MA, MS, PhD, MD, JD, Other: \_\_\_\_\_

Please indicate your major\* in your degree or the name of your program: \_\_\_\_\_

\*(if you have not yet declared a major, indicate your intended major)

ACADEMIC SCHEDULE

Please indicate the course name/number or SLN code for each of your courses:

Table with 3 columns and 4 rows for course information.

## ACADEMIC SCHEDULE - TO BE COMPLETED BY ADVISER

Please review the student's academic schedule to verify the course information.

- Are all of the courses required for the degree/certificate program, either as core requirement(s), or as an elective credit?  Yes  No
  - If no, please indicate the course(s) that are not required: \_\_\_\_\_
- Are any of the courses online?  Yes  No
  - If yes, please indicate the course(s) that are online: \_\_\_\_\_
- Are any of the courses repeated?  Yes  No
  - If yes, please indicate the course(s) that are repeated: \_\_\_\_\_
- Do all of the courses have the majority of their instruction/training on the Seattle campus?  Yes  No
  - If no, please indicate the course(s) that are not on campus, and its location (full address):  
\_\_\_\_\_
- Do any of the courses have nonstandard term dates (does not follow the quarter dates as established in the academic calendar)?  Yes  No
  - If yes, please indicate the course(s) and their dates of instruction:  
\_\_\_\_\_

## ADVISER SIGNATURE

**I verify that all courses marked above are required for the degree or certificate program either as core requirement(s) or as elective(s) not previously filled by prior courses or transfer credits. I verify that the information I provided on this form is true and complete to the best of my knowledge.**

Adviser Name: \_\_\_\_\_ Email: \_\_\_\_\_

Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 requested a change of program or place of training as certified. (VA 22-1995/22-5495)**

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_