Enrollment Certification Request  
FOR VA EDUCATION BENEFITS  

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Student Last Name: ____________________________</th>
<th>Student First Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID #:____________________________________</td>
<td>Last Four Digits of Student SSN: XXX-XX-____________</td>
</tr>
<tr>
<td>Academic Quarter:______________________________</td>
<td>Academic Year:__________________________________</td>
</tr>
</tbody>
</table>

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:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
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: ________________________________