



Non-Matriculated Status FOR VA EDUCATION BENEFITS

1. STUDENT INFORMATION

Student Last Name: _____ Student ID #: _____ Academic Quarter: _____	Student First Name: _____ Last Four Digits of Student SSN: XXX-XX- _____ Academic Year: _____
Please indicate your military status:	
<input type="checkbox"/> Discharged Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Child of Service Member	<input type="checkbox"/> National Guard <input type="checkbox"/> Reservist (not including ROTC) <input type="checkbox"/> Spouse of Service Member
Indicate your branch of service (if you are the dependent, type N/A): _____	

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 30 – Montgomery GI Bill® <input type="checkbox"/> Chapter 1606 – Montgomery GI Bill® Selected Reserves <input type="checkbox"/> Chapter 31 – Vocational Rehabilitation <input type="checkbox"/> Chapter 35 Dependents Educational Assistance: Claim#: _____

3. ACADEMIC SCHEDULE

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

4. NON-MATRICULATED STATUS – TO BE COMPLETED BY ADVISER

Students can receive VA benefits for up to two quarters in non-matriculated status. They must have an application for admission on file, and the course(s) must satisfy either prerequisite(s) or degree requirement(s) for the program for which they have pending admission's application on file.	
➤ Intended degree program: _____	
➤ Please explain why the student is non-matriculated: _____	
➤ Does the student have a pending application on file for the intended degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. 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 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:

6. ADVISER SIGNATURE

I verify that all courses as indicated 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: _____

7. 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: _____