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  ☐ National Guard
☐ Active Duty  ☐ Reservist (not including ROTC)
☐ Child of Service Member  ☐ Spouse of Service Member

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

Will you receive any tuition assistance not including your VA Educational Benefits?  ☐ Yes  ☐ No

Tuition assistance can be military tuition assistance, company tuition assistance, ROTC, Departmental waivers, or other tuition specific funding. If so, please indicate the name of the type of assistance: ________________________________

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  ☐ MA  ☐ MD
☐ BA  ☐ MS  ☐ JD
☐ BS  ☐ PhD  ☐ 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 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: __________________________________________

☐ Choose the location where the majority of the course(s) have their instruction:
  - UW Seattle Campus – 05047  □ Harborview Research & Training – 02147
  - Seattle Downtown Facility – 01847  □ UW Tacoma Campus
  - UW Spokane Medical School – 12147  □ UW Bothell Campus
  - Bellevue Facility – 0047  □ Online Courses
  - Eastside Executive Center – 01247  □ Internship/Practicum/Externship
  - UW Spokane Medex – 12347  □ Other, indicate the location: ________________________________
  - GIX - 00647

☐ Do any of the courses have nonstandard term dates (does not follow the quarter dates as established in the academic calendar, such as early or late start)? For example, School of Law, School of Medicine, and Medex Programs have programs with nonstandard term dates.  □ Yes  □ No
   - If yes, please indicate the course(s) and their dates of instruction: ________________________________

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: __________________________

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 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: __________________________