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):

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: ________________________________

- Select the location(s) where the course(s) have their instruction (check all that apply):
  □ 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 – 00447 □ Online Courses
  □ Eastside Executive Center – 01247 □ Internship/Practicum/Externship
  □ UW Spokane Medex – 12347 □ Other, indicate the location: ________________________________

- 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: ________________________________

**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: ___________________________________________ Date: ________________________

Student Signature: ________________________________________ Date: ________________________