Request for Enrollment Certification To VA for Educational Benefits

This form is used to request certification of enrollment to VA for educational benefits. Determination of eligibility for benefits is made by VA.

University of Houston
Registration & Academic Records
Houston, Texas 77204-2027
(713)743-1010 option 4

SECTION 1 – GENERAL INFORMATION (PLEASE READ CAREFULLY)

This completed form, with all required documents, should be submitted to the Registration and Academic Records Office at each enrollment. If you are not currently certified, certification to VA will be submitted as the initial enrollment. You are responsible for submitting to the Registration and Academic Records Office the following appropriate documents or information:

(1) Approved degree plan
(2) Approved change of major petition and statement from your advisor noting which University of Houston and transfer hours now apply to new major
(3) Deficiency Plan for Teaching Certificate (PB classification only)
(4) Readmission from Suspension form
(5) Transfer evaluation

Failure to submit, with your request, any of the required documents or information listed will delay your certification to VA for educational benefits. Complete and return form, with required documents or information, to room 128 Welcome Center. **Please allow 7-10 working days processing time.**

SECTION 2 – STUDENT INFORMATION (PLEASE PRINT)

Please make sure you sign and date below.

Name _____
LAST FIRST MIDDLE

Mailing Address _____

City/State _____ ZIP Code _____ Telephone _____
WORK HOME

Student ID Number _____

VA Claim Number (if assigned) _____ (if claiming benefits under Chapter 35, claim number is that of veteran)

Current Major _____

Classification: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Postbaccalaureate ☐Graduate ☐Law ☐Optometry ☐ Pharmacy

Have you requested benefits at this University of Houston campus previously? ☐ No ☐Yes

Chapter under which you are claiming benefits:

☐Chapter 35 (Dependent of Veteran) ☐Chapter 1606 (Selected Reserve Educational Assistance Program) ☐Chapter 30
☐Active Duty ☐Other

SECTION 3 – COURSE INFORMATION (PLEASE PRINT)

Indicate the year and total number of hours for which you will enroll.

Semester/Year	Total Hours
Fall _____	_____
Spring _____	_____
Summer Session I _____	_____
Summer Session II _____	_____
Summer Session III _____	_____
Summer Session IV _____	_____

Are any of your current hours repeated courses? ☐No ☐ Yes

If yes, list semester, course and grade _____ _____
_____ _____
_____ _____

(Repeated course with grades of D – or above cannot be recertified to VA)

Signature _____ **Date** _____

"**State law** requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect."