

Request for Enrollment Certification of Educational Benefits to the VA

* Failure to submit all appropriate documents with this request may delay certification of your enrollment to the VA for educational benefits.

Please allow 7-10 working days for processing time.

myUH ID: _____

Term of Request: _____ 20____

Student Information - Please print						
LAST	FIRST	MIDDLE				
CURRENT MAILING ADDRESS						
CITY	STATE	ZIP CODE				
DATE OF BIRTH / /	TELEPHONE NUMBER () -					
EMAIL ADDRESS:						
IS THIS YOUR FIRST TIME REQUESTING CERTIFICATION FROM THE UNIVERSITY OF HOUSTON? ☐ NO ☐ YES - <i>If yes, please submit a copy of your DD-214 and degree plan, as well as documentation that you have informed the VA of your intent to receive benefits from the University of Houston. Ex: 22-1990, 22-1995, 22-5490, 22-5495, and/or certificate of eligibility.)</i>						
INDICATE YOUR CAREER: ☐ UNDERGRADUATE ☐ GRADUATE ☐ LAW ☐ OPTOMETRY ☐ PHARMACY	PRIMARY MAJOR: MINOR (OR SECONDARY MAJOR): [IF APPLICABLE]	☐ Check here if either your major or minor have changed since the last time you requested certification. Submit a new degree plan following any changes in your major or minor programs.				
WHICH TYPE OF EDUCATIONAL BENEFITS ARE YOU RECEIVING? ☐ CHAPTER 30 (MONTGOMERY GI BILL-ACTIVE DUTY) ☐ CHAPTER 33 (POST 9/11 GI BILL)** **Tuition & fees must be posted on student's account before this form can be submitted. ☐ CHAPTER 1606 (MONTGOMERY GI BILL-SELECTED RESERVE) ☐ CHAPTER 1607 (REAP) ☐ CHAPTER 35 (DEPENDENTS EDUCATIONAL ASSISTANCE)++ ++INDICATE VA FILE NO: _____						
NUMBER OF CREDIT HOURS REQUESTED TO BE CERTIFIED:	HAVE YOU PREVIOUSLY ATTEMPTED ANY OF YOUR CURRENT COURSES AT ANY INSTITUTION AND RECEIVED A GRADE? (including 'W') ☐ NO ☐ YES - <i>If yes, please list courses & grades:</i>					
IS THIS YOUR FINAL SEMESTER BEFORE GRADUATION? ☐ NO ☐ YES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>					
BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: - ALL OF THE ABOVE INFORMATION IS ACCURATE AND CURRENT. - ANY CHANGES TO MY COURSE SCHEDULE MUST BE REPORTED TO THE VA CERTIFYING OFFICIALS AT THE WELCOME CENTER. - I AM RESPONSIBLE FOR MONITORING MY BENEFIT STATUS USING www.ebenefits.va.gov. - I AM RESPONSIBLE FOR SECURING MY CLASSES BY MAKING A PAYMENT, USING A PAYMENT PLAN, OR SELECTING A DEFERMENT OPTION, UNTIL THE VA DISBURSES FUNDS TO THE UNIVERSITY OF HOUSTON.						
SIGNATURE: _____		DATE: _____				