

FALL 2015



VETERANS

RESOURCE CENTER

Box 2284, Huntsville, TX 77341-2029
(936) 294-1046 Fax: (936) 294-4921
veterans@shsu.edu

VA REQUEST FOR CERTIFICATION
This form must be filled out each semester

1. Name _____ 2. SAM ID. _____
3. Phone _____
4. Address _____ City, State, Zip _____

SHSU Email Address: _____

NOTE: All Email correspondence is sent to your SHSU Email Address.

5. I will receive benefits as: _____ Veteran (Chapter 30) _____ Reservist (Chapter 1606) _____ REAP (1607)
_____ Active Duty Military (Chapter 30) _____ VocRehab (Chapter 31)
_____ Post 9/11 **Veteran** (Chapter 33) _____ % _____ Post 9/11 **Dependent** (Chapter 33) _____ %
_____ Dependent (Chapter 35) VA File Number _____
Chapter 35 Only (Include Suffix Letter)

6. Degree presently pursuing: _____ (BA, BBA, BS, etc.) Major(s): _____
Minor(s) (if applicable): _____ Is this a change of Degree or Major/Minor? Yes _____ No _____

7. Number of **Hours** you expect to be certified for: _____

*******A COPY OF YOUR CLASS SCHEDULE and STUDENT RESPONSIBILITY FORM IS REQUIRED TO BE SUBMITTED WITH THIS FORM*******

8. Are you planning on taking any repeat classes? Yes _____ No _____

9. Where/when did you last receive benefits, including Sam Houston? School _____ Semester _____

10. I understand and acknowledge that **FAILURE TO KEEP ATTENDING CLASS** will result to being **REPORTED** directly to the VA. _____ (INT)

11. I authorize SHSU to request my Joint Service Transcripts on my behalf, as deemed necessary by the institution. _____ (INT)

12. How many Months and or Days do you have remaining under your VA Educational Benefit? _____

13. I understand if I am using Chapter 33 Post 9/11 benefit that a credit is placed on my account. I will be responsible for any tuition and fees that my VA benefit does not cover. I can always check my entitlement through Ebenefits or check my letters from the VA _____ (INT)

ATTENTION: This form is due by **August 7, 2014** for **Chapter 33** and **Chapter 31** in order to have your schedule protected. Any day after that, this office

Cannot guarantee your schedule will be protected. _____ (INIT)

IMPORTANT NOTE: I understand that it is my responsibility to advise the Veterans Resource Center of changes in my status, to include increased or decreased course load, withdrawal, or non-attendance during a period for which I have asked to be certified. I further understand that I am financially liable for all overpayments which accrue as a result of my failure to report changes of status and that overpayments are retroactive to the beginning of the semester.

I authorize the Veterans Resource Center of Sam Houston State University to release my records on file to the Veterans Administration.

SIGNATURE _____ DATE _____

Revised 06/1/2015