



**SAM HOUSTON STATE UNIVERSITY**

*A Member of Texas State University System*  
 Box 2284, Huntsville, TX 77341-2284  
 (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: \_\_\_\_\_ (i.e. BA,BBA,BS,etc.) Major: \_\_\_\_\_  
 Minor (if applicable): \_\_\_\_\_ Is this a change of Degree or Major/Minor? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Number of Hours you expect to be certified for: **MINI-MESTER 2015** \_\_\_\_\_ **SUMMER I 2015** \_\_\_\_\_ **SUMMER II 2015** \_\_\_\_\_  
**SUMMER 10WK 2015** \_\_\_\_\_

**\*\*\*\*\*A COPY OF YOUR SCHEDULE 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 in 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 **MAY 1, 2015** 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 Veteran Services Office 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** \_\_\_\_\_