

**SPRING 2015**



**VETERANS**

RESOURCE CENTER

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

**VA REQUEST FOR CERTIFICATION**

1. Name \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_  
(Only enter last four if submitting via Email)

SAM ID \_\_\_\_\_ VA File No. (If different) \_\_\_\_\_  
Chapter 35 DEA Only (Include Suffix Letter)

2. Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Is this a new Address? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you want this address reported to the VA? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Phone \_\_\_\_\_ SHSU Email address: \_\_\_\_\_

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

4. I will receive benefits as: \_\_\_\_\_ Veteran (Chapter 30) \_\_\_\_\_ Reservist (Chapter 1606) \_\_\_\_\_ REAP (1607)  
\_\_\_\_\_ Active Duty Military (Chapter 30) \_\_\_\_\_ Dependent (Chapter 35) \_\_\_\_\_ VocRehab (Chapter 31)  
\_\_\_\_\_ Post 9/11 **Veteran** (Chapter 33) \_\_\_\_\_ % \_\_\_\_\_ Post 9/11 **Dependent** (Chapter 33) \_\_\_\_\_ %

5. Degree presently pursuing: \_\_\_\_\_ (i.e. BA, BBA, BS, etc.) Major: \_\_\_\_\_

Minor(s) (if applicable): \_\_\_\_\_ Is this a change of Degree or Major/Minor? Yes \_\_\_\_\_ No \_\_\_\_\_

6. 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\*\*\*\*\***

7. Are you planning on taking any repeat classes? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Where/when did you last receive benefits, including Sam Houston? School \_\_\_\_\_ Semester \_\_\_\_\_

9. I will contact SHSU-VA Office each and **every semester** to report my **registration, drop, or add of any classes**. \_\_\_\_\_ (INIT)

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. 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 **December 12, 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 12/9/2014