



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

VA REQUEST FOR PRIMARY INSTITUTION LETTER

1. Name _____ 2. SAM ID _____
 3. Phone number: _____
 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) _____ Dependent (Chapter 35)
 _____ 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. Where/When did you last receive VA educational benefits including SHSU? School _____ Semester _____

8. Name of Requested Institution: _____

9. VA Certifying Official at Requested Institution: _____

10. Phone Number: _____

11. Email Address: _____

Course Name and Number at Other Institution

Equivalent Course Name and Number at SHSU

*******A COPY OF YOUR OFFICIAL CLASS SCHEDULE IS REQUIRED TO BE SUBMITTED WITH THIS FORM*******

9. I have verified this information by going to Transfer Equivalency Guide on SHSU to make sure the class I am taking transfers in _____ (INIT)
 10. I understand that I am required to submit an Official Transcript to Sam Houston State University once I complete the class _____ (INIT)
 11. I understand failure to do so will result in this office not processing my next VA request until SHSU has evaluated the transcript for that class _____ (INIT)

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

SIGNATURE _____ DATE _____