



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

1. Name Social Security No. SAM ID VA File No. (if different)
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 (if applicable): Is this a change of Degree or Major/Minor? Yes No
6. Number of Hours you expect to be certified for: SPRING 2013

IMPORTANT NOTE: THE VA WILL ONLY PAY FOR THE CLASSES THAT ARE A PART OF THE CORE CURRICULUM OR LISTED ON YOUR OFFICIAL DEGREE PLAN

A COPY OF YOUR ACCOUNT FEE SUMMARY BY TERM, & SCHEDULE ARE REQUIRED TO BE SUBMITTED WITH THIS FORM

7. Are you planning on taking any repeat courses? 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 that a hold will be placed on my account after the submission of this paperwork. I acknowledge that the only way to have this hold lifted is to contact the Veterans Resource Center at SHSU. (INIT)
11. I understand and acknowledge that FAILURE TO KEEP ATTENDING CLASS will result to being REPORTED directly to the VA. (INT)

ATTENTION: This form is due by January 2, 2013 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)

This form covers only the time period indicated above.

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