



Select Benefits: ☐ Ch 30 | ☐ Ch 31 | ☐ Ch 33 ☐ Stem | ☐ Ch 35 | ☐ Ch 1606 | ☐ Ch 1607 | Other: _____

☐ Active Duty ☐ Veteran ☐ Spouse ☐ Child

☐ Fall | ☐ Spring | ☐ Summer | Academic Year: _____

VA EDUCATION CERTIFICATION REQUEST | Page 1

As a veteran or military-affiliated student, it's important to have your enrollment certified by the VA Education Department. Submit the UTPB certification request thirty (30) days before the semester starts. Ensure all necessary documents are included, as they are needed for the initial certification. You must complete the application each semester, but only the initial submission requires supporting documents. By submitting the UTPB Certification Request, you confirm the following:

- ☐ I have submitted all the necessary supporting documents. Applications can only be processed with these documents.
- ☐ I am requesting an enrollment certification from the VA Education Department for the specified semester in this application.
- ☐ I have verified that my approved degree plan includes all the courses for which I seek certification.
- ☐ I understand that the VA may not cover repeated courses in some instances, and I have visited www.benefits.va.gov/gibill to check which courses are eligible for repetition.
- ☐ I will inform UTPB Services of any changes to my enrollment and understand that these changes will be reported to the Veterans Administration.
- ☐ I understand that changing classes after my initial certification may lead to a debt with the VA and UTPB, which I will be responsible for repaying.
- ☐ I acknowledge that I am responsible for tuition and fees not covered by my GI Bill benefits.
- ☐ I recognize the importance of updating my contact information with the Veterans Administration. Failing to do so may result in missing important updates from the VA.
- ☐ I understand that this application expires on the last day of the semester and must be resubmitted each semester to continue receiving Veteran Education Benefits.
- ☐ I acknowledge that failing to submit this application each semester may result in dropped classes and delays in receiving Veteran Education Benefits.
- ☐ I understand that if I am concurrently enrolled in multiple schools during the same semester, I must provide my course schedule to my parent institution and submit a Parent Institution Letter to my secondary institution.

☐ **Returning Student, No Changes | Page 1 Only**

☐ **Returning Student with Changes | Submit Changes on Registration Worksheet (Pg. 2)**

☐ **First-Time Student | Complete Registration Worksheet (Pg. 2)**

Student Name: _____ Student ID: _____ Date: _____

Student Signature: _____ Graduating semester: ☐ Yes ☐ No

Registration Worksheet | Page 2

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☐ Active Duty ☐ Veteran ☐ Spouse ☐ Child

☐ Fall | ☐ Spring | ☐ Summer | Academic Year: _____ Student ID: _____

Contact Information

Name: _____ Student ID: _____

Cell Phone: _____

Email: _____

Street Name & Number _____ City: _____

State: _____ Zip Code: _____

Academic Plan

Major: _____ Minor: _____

☐ 2nd Bachelor | ☐ Masters | ☐ Teacher Certification

Change in Degree Plan: ☐ Yes ☐ Change: _____

Ch 35 & Ch 31 Only

Ch 35 Recipients Only:

Qualifying Veterans Name: _____

Qualifying Veterans Social Security Number: ____ - ____ - ____

Ch 31 (VRE) Recipients Only:

VA Rep Name and Email: _____

Student Name: _____ Date : _____

Student Signature: _____