



VA REQUEST FOR CERTIFICATION

All required documents must be submitted together to be certified.
University e-mail accounts are the official means of communication with all students.

STUDENT INFORMATION				
NAME		UIN (Student K#)	SSN	VA FILE (CH 35 ONLY)
ADDRESS			TAMUK E-MAIL	
CITY	STATE	ZIP	HOME PHONE	WORK PHONE
DEGREE <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BBA <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD MAJOR/PROGRAM _____ (ex. ENGR, HIST, MBA) <input type="checkbox"/> CERTIFICATION IN _____				
Have you changed majors since your last certification <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____				
If yes, have you submitted a Change of Program or Place of Training Form <input type="checkbox"/> Yes <input type="checkbox"/> No				
VETERAN STATUS: <input type="checkbox"/> Not Active Duty <input type="checkbox"/> Active Duty			STATE BENEFITS:	
VA CHAPTER: <input type="checkbox"/> 33 (Post 9/11) _____ % Receiving <input type="checkbox"/> 30 (MGIB) <input type="checkbox"/> 1606 (Reserve) <input type="checkbox"/> 1607 (REAP) <input type="checkbox"/> 31 (VOC REHAB) <input type="checkbox"/> 35 (DEPENDENT) <input type="checkbox"/> 33 (POST 9/11 DEPENDENT)			<input type="checkbox"/> HAZLEWOOD – VETERAN <input type="checkbox"/> HAZLEWOOD – DEPENDENT <input type="checkbox"/> ACTIVE DUTY COMBAT DEPENDENT EXEMPT	
STUDENT STATUS: <input type="checkbox"/> Recertification <input type="checkbox"/> Transfer Student* from _____ <input type="checkbox"/> Incoming Student Graduating Semester <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__				
Are you interested in VA Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*If transfer student, have you submitted a Change of Program or Place of Training Form <input type="checkbox"/> Yes <input type="checkbox"/> No				
For which term would you like to be certified: <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__				
All official and military transcripts have been provided to Records & Registration <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Has the Admission Department (Articulation) evaluated your DD-214 for possible credit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Previously use VA Educational Benefits: <input type="checkbox"/> Yes, at TAMUK <input type="checkbox"/> Yes, at other college _____ <input type="checkbox"/> No				
<ol style="list-style-type: none"> I understand that the courses that I am certifying for are in my current major and on my degree plan, except as noted, and that if I enroll in courses not in my major, I will be responsible to the Department of Veterans Affairs for any overpayment. INITIALS _____ I understand that I must be registered in order for the Texas A&M University-Kingsville, Veteran Service Office to process my certification with the Department of Veteran Affairs. INITIALS _____ I understand that I will be certified for all applicable break periods unless I specifically request to not be paid. This form covers only the time period indicated above. INITIALS _____ I will notify the Veteran Affairs Office each semester I register, Q-drop, or withdraw. INITIALS _____ I understand that I must at all times have a CURRENT signed degree plan of my major on file with Veteran Services Office, and that I must fill out a Change of Program form anytime my major changes. INITIALS _____ I understand that if receiving any scholarship, waiver, aid, or assistance (other than loans and funds under the Higher Education Act) will be paid first. Indicate Yes / No / NA if receiving and amount \$_____. I understand under the provisions of Federal and State Veterans Education Policies I must maintain a GPA of 2.0 or above in order to receive veteran educational benefits. INITIALS _____ GPA _____ 				
STUDENT SIGNATURE			DATE	
OFFICE USE ONLY				
DEGREE	MAJOR/PROGRAM	CHAPTER	DATE SUBMITTED	
<input type="checkbox"/> APPLICATION <input type="checkbox"/> CERTIFICATE OF ELIGIBILITY <input type="checkbox"/> CHANGE OR PROGRAM OR PLACE OF TRAINING DOCUMENTATION RECEIVED: <input type="checkbox"/> DEGREE PLAN <input type="checkbox"/> MILITARY TRANSCRIPT <input type="checkbox"/> DD214 (MEMBER 4) <input type="checkbox"/> KICKER AGREEMENT <input type="checkbox"/> MILITARY ORDERS <input type="checkbox"/> NOBE <input type="checkbox"/> FALL 20__ <input type="checkbox"/> SPRING 20__ <input type="checkbox"/> SUMMER 20__				