myUTSA ID:	Student's First Name:	_ Last:
•		



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## **GI Bill Certification Request Form**

\*\*\*\* You must complete and submit <u>BOTH</u> pages of this form. Incomplete forms will <u>NOT</u> be accepted. \*\*\*\*

**Directions:** ALL STUDENTS utilizing Veterans Educational benefits MUST complete this form each semester AFTER registering for classes. You should register as soon as possible and complete this certification request.

**Note:** UTSA processing time takes 15-30 business days depending on the volume of certification requests we have received. Please visit utsa.edu/vma for more information regarding priority certification deadlines.

STEP 1: ACKNOWLEDGEMENT
Please initial to acknowledge the following:
I have visited to familiarize myself with the certification process at UTSA
I am eligible to receive VA Educational Benefits
I have visited inquiry.vba.va.gov/weamspub/buildSearchInstitutionCriteria.do to verify that my program of study has been approved by the VA
I have verified that all of the courses I am requesting certification for are listed on my approved degree plan or I have written notice from my advisor approving a course not listed on my degree plan
I understand that the VA may not cover repeated courses in some cases and have visited www.benefits.va.gov/gibill to learn about my specific eligibility
I will notify the UTSA Veteran Certification Office of any changes to my enrollment and understand that any changes will be reported to the VA after census date
I understand that I am responsible for any tuition and fees not covered by my GI Bill benefits
I understand that if I make a change after my initial certification, it may cause a debt with the VA or UTSA that I may be responsible for
I understand that if I am attending multiple schools during the same semester I must provide my course schedule to my parent preferred contact information will be submitted to the VA) school for approval, and must supply a parent institution letter to my guest school to certify for the term
I understand that all contact information must be updated through ASAP in order to supply updates with the VA (All preferred contact information will be submitted to the VA)
Continue to page 2

**UTSA OFFICE USE ONLY:** 

Processed By: \_

\_ Received By: \_

myu isa id:	Student's	First Name:	Last:		GI Bill Certification	n Request Form · Page 2	
CTED 2 CTUDENT II	NEODMATION WWW						
First Name:		MI:	Last:		myUTS	A ID:	
Undergraduate	Graduate C	ertificate Program					
Which term are you a	pplying for? Fall	Spring S	Summer Year:	-			
Which Benefit are you	u using? CH33 Po	st 9/11 (veteran) REAP	CH33 Post 9/11 (family member)	CH30 MGIB	CH 35 (DEA)	CH1606 Reserves	
(Chapter 35 only) Ver	teran's Social Securi	ty #:					
<u>If you intend to use t</u>	the Hazlewood exemp	otion concurrently I	with the GI Bill please submit a se	parate Hazlewood app	lication.		
Are you on active dut	y? Yes No						
Are you running out o	of benefits this term?	Yes No					
Are you receiving Dol	O tuition assistance?	Yes No					
STEP 3: SIGNATURE	<u> </u>						
I am requesting certi	fication for the semes	ter indicted above,	and certify that I have completed a	ll of the acknowledgen	nents at the beginni	ng of this form:	
Signature (full name):				Date:			
Section 559.004 of the Tex University of Texas System records. No statute or othe	as Government Code, you a Business Procedures Memo r authority requires that you	re entitled to have U.T. Sa orandum 32. Disclosure o u disclose your SSN for th	the information U.T. San Antonio collects abo an Antonio correct information about you that if your social security number (SSN) is reques at purpose. Failure to provide your SSN, howe ment Code) and other applicable law.	is held by us and that is inco ted from you in order for The U	rrect, in accordance with t Iniversity of Texas at San	he procedures set forth in the Antonio to access your student	
Section 559.004 of the Tex University of Texas System records. No statute or othe SSN is governed by the Pub	as Government Code, you a Business Procedures Memo r authority requires that you	re entitled to have U.T. Sa orandum 32. Disclosure o u disclose your SSN for th r 552 of the Texas Govern	an Antonio correct information about you that of your social security number (SSN) is request at purpose. Failure to provide your SSN, howe ment Code) and other applicable law.	is held by us and that is inco ted from you in order for The U	rrect, in accordance with t Jniversity of Texas at San ccessing your student rec	he procedures set forth in the Antonio to access your student ord. Further disclosure of your	

\_\_\_ Processed By: \_\_\_\_\_

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Date: \_\_\_\_\_ Received By: \_\_\_\_