GI Bill Certification Request Form

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 www.utsa.edu/vma for more information regarding priority certification deadlines.

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 https://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 https://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 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)

myUTSA ID (abc123) _____

First Name_____   MI_____   Last Name_____

Undergraduate   Graduate   Certificate Program

Which term are you applying for?   Fall   Spring   Summer   Year_____

Which Benefit are you using?

CH33 Post 9/11 (veteran)   CH33 Post 9/11 (family member)   CH30 MGIB

CH 35 (DEA)   CH1606 Reserves   CH1607 REAP

(Chapter 35 only)
Veteran's Social Security #

If you intend to use the Hazlewood exemption concurrently with the GI Bill please submit a separate Hazlewood application.

Are you on active duty?   Yes   No   Are you running out of benefits this term?   Yes   No

Are you receiving DoD tuition assistance?   Yes   No

I am requesting certification for the semester indicted above, and certify that I have completed all of the acknowledgements at the beginning of this form:

Signature (full name)_____   Date_____