



Veteran Benefit Certification Request

NAME AND ADDRESS										
Student's Last Name	First	MI	Student ID Number							
			G							
Home Phone (area code + number)	Cell Phone (area code + number)	Social Security Number								
					-			-		
Street Address										Apt/Suite No.
City			State				Zip Code			

Term of Enrollment: Fall Spring Summer Intersession Winter Summer Year: _____
 Total Semester Hours: _____ Full-Time 3/4 Time 1/2 Time
 Will this change affect your status? Yes No

PLEASE REVIEW THE FOLLOWING INFORMATION and initial by each:

Initials	<i>I understand that...</i>
_____	I understand that each semester I register, I am responsible for ensuring that my tuition and fees are paid in full.
_____	I understand that if I am administratively dismissed, my certification will be adjusted immediately without written notification.
_____	I understand that I am responsible for notifying my school's certifying official(s) of each semester that I enroll in classes. If I have any adjustments in enrollment, I must complete a Veteran Benefit Certification - Change request, to avoid a possible VA overpayment.

SIGNATURE _____ DATE _____
 (Required)

Form continued on back of this page. Please complete both sides.

Please submit completed form to:

South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office
 Fax: (713) 646-2939 Email: registrar@stcl.edu

For Office Use Only

VAONCE: ___/___/___ Entered By: _____ YR: _____
 SGASTDN: ___/___/___ Entered By: _____

CHECK VA CHAPTER CH. 33 (POST 9/11) CH. 30 (GI BILL) CH. 1607 (REAP) CH. 1606 (RESERVE/GUARD) CH. 35 (DEPENDENT/SPOUSE) Suffix or Payee Number: _____

CHECK ONE: I am the 1st 2nd 3rd dependent under Ch. 35 to use benefits OR I am applying as a spouse.**Have you ever used your VA benefits at another school?** YES NO

If you answered YES, please complete and attach the "Request for Change of Program or Place Training" (VA Form 22-1995 for Veteran/Reservist OR VA Form 22-5495 for Dependent/Spouse).

CLASS SCHEDULES

	Course Name	CRN	# of Credits
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If any of the following applies to you, please complete this section.

If you have previously filed a claim for education benefits, use VONAPP *only* if you are filing for a different education benefit or if you are changing schools or programs under your current benefit program; for example, if you are eligible for two benefit programs, currently using one, but would like to begin using the other benefit program.

CHECK ONE I have submitted my VONAPP (Veteran's Online Application) online. I have **NOT** submitted my VONAPP online, but have attached one of the following VA forms:

- Veteran or Reservist: VA Form 22-1990 (Applying for the first time) OR VA Form 22-1995 (Transfer Students)
 - Dependent or Spouse: VA Form 22-5490 (Applying for the first time) OR VA Form 22-5495 (Transfer Students)
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Only individuals entitled to the 100% benefit rate under the Post-9/11 GI Bill (based on service requirements) may receive Yellow Ribbon funds. You may be eligible if you served an aggregate period of active duty after September 10, 2001, of at least 36 months; or you were honorably discharged for a service-connected disability and you served 30 continuous days after September 10, 2001; or you are a dependent eligible for Transfer of Entitlement under the Post-9/11 GI Bill based on a veteran's service under the above criteria. Detailed information regarding the Yellow Ribbon Program may be found at http://www.benefits.va.gov/gibill/yellow_ribbon.asp.

Note: If eligible, you must complete the Veteran Benefits Yellow Ribbon Request Form.