



Veteran Benefit Certification Request

NAME AND ADDRESS										
Student's Last Name	First	MI	Student ID Number							
			G							
Home Phone Number	Cell Phone Number	Social Security Number								
					-			-		
Street Address										Apt/Suite No.
City			State				Zip Code			
Term of Enrollment: _____ Enrollment Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time <input type="checkbox"/>										
Total Semester Hours: _____										
VA CHAPTER: <input type="checkbox"/> CH. 33 (POST 9/11) <input type="checkbox"/> CH. 30 (GI BILL) <input type="checkbox"/> CH. 1607 (REAP) <input type="checkbox"/> CH. 1606 RESERVE/GUARD)										
<input type="checkbox"/> CH 35 (DEPENDENT/SPOUSE) Suffix or Payee Number: _____										
CHECK ONE: I am the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd dependent under Ch. 35 to use benefits OR <input type="checkbox"/> I am applying as a spouse.										

PLEASE REVIEW THE FOLLOWING INFORMATION and initial by each:

Initials *I understand that...*

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

For Office Use Only

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

SGASTDN: ___/___/___ **Entered By:** _____

ENTER YOUR COURSE(S) FOR THE APPLICABLE SEMESTER BELOW.

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