



**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			
<b>Term of Enrollment:</b> _____ <b>Enrollment Status:</b> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> ¾ Time <input type="checkbox"/> ½ Time <input type="checkbox"/> <b>Total Semester Hours:</b> _____										
<b>VA CHAPTER:</b> <input type="checkbox"/> CH. 33 (POST 9/11) <input type="checkbox"/> CH. 30 (GI BILL) <input type="checkbox"/> CH. 31 (VR&E) <input type="checkbox"/> CH. 1607 (REAP) <input type="checkbox"/> CH. 1606 (RESERVE/GUARD) <input type="checkbox"/> CH 35 (DEPENDENT/SPOUSE) Suffix or Payee Number: _____ <b>CHECK ONE:</b> I am the <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> dependent under Ch. 35 to use benefits OR <input type="checkbox"/> 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](mailto:registrar@stcl.edu)

**For Office Use Only**

**VAONCE:** \_\_\_/\_\_\_/\_\_\_

**Entered By:** \_\_\_\_\_ **YR:** \_\_\_\_\_

**SGASTDN:** \_\_\_/\_\_\_/\_\_\_

**Entered By:** \_\_\_\_\_

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

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