



Veteran Request for Certification

Educational Benefits

* All fields required to process paperwork

NAME _____ CWID _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ Birth Date _____

PLEASE CHECK THE EDUCATIONAL BENEFIT YOU ARE REQUESTING TO USE — ***submit for each semester!***

Chapter 30 (MGIB): Entered Active Duty after June 1985

Chapter 31 (VOC REHAB): Vocational Rehabilitation and Employment Program.

Chapter 33/ Post 911: Veteran / Honorable Service after Sep. 10, 2001 (Percentage) _____

Chapter 33/Post 911: Dependents. (Percentage): _____

Chapter 35: Dependents of Veterans who are 100% Disabled or Deceased (Service Connected).

Chapter 1606: Select Reservist or National Guard in a Satisfactory Drill Status.

Hazlewood Act: Texas Veterans (Chapter 31 and Chapter 33 100%, not eligible).

Hazlewood Act: For Dependents of Texas Veterans

- If utilizing the Hazlewood Act, please also submit either the Hazlewood Renewal Form or the initial Hazlewood Application, as applicable.
<http://www.tamuc.edu/admissions/VeteransAffairs>

AUG-MINI	FALL	WINTER - MINI	SPRING	MAY- MINI	SUMMER I	SUMMER II
Please check here if you are registered for Organizational Leadership ONLY .			STUDENT LEVEL (CHECK ONE)			
			Undergraduate		Graduate/Doctoral	

Instructions: Please read and initial the following statements:

_____ I UNDERSTAND THE SATISFACTORY ACADEMIC PROGRESS POLICY AT TAMU-C APPLIES TO ALL FEDERAL, STATE AND INSTITUTIONAL AID, INCLUDING FEDERAL AND STATE LOAN PROGRAMS, SPECIFICALLY STUDENTS USING THE HAZLEWOOD ACT.

_____ I UNDERSTAND THAT THE COURSES THAT I AM REQUESTING CERTIFICATION FOR ARE PART OF MY CURRENT DEGREE PLAN, EXCEPT AS NOTED, AND THAT I AM RESPONSIBLE FOR THE COST OF ANY COURSES THAT DO NOT FALL WITHIN THE PARAMETERS OF MY CHOSEN DEGREE PLAN.

_____ I UNDERSTAND THAT I MUST BE REGISTERED IN ORDER FOR THE TAMU-C VETERAN SERVICES OFFICE TO PROCESS MY CERTIFICATION WITH THE DEPARTMENT OF VETERAN AFFAIRS OR HAZLEWOOD BENEFITS.

_____ I WILL NOTIFY THE VETERAN SERVICES OFFICE EACH SEMESTER I REGISTER, DROP CLASSES, OR WITHDRAW MY ENROLLMENT.

_____ I UNDERSTAND THAT AFTER CERTIFICATION A HOLD WILL BE PLACED ON MY ACCOUNT PREVENTING ANY CHANGES WITHOUT CONTACTING THE TAMU-C VETERAN SERVICES OFFICE @ VETERANSERVICES@TAMUC.EDU OR DUSTIN.PEARSON@TAMUC.EDU. (GI BILL ONLY)

_____ I UNDERSTAND I AM RESPONSIBLE FOR ALL CHARGES NOT EXPLICITLY COVERED BY THE VA OR OTHER VETERAN BENEFITS

By signing below, I acknowledge that I have read and understand the terms of this certification request.

Signature: _____ **Date:** _____