



REQUEST FOR VETERAN CERTIFICATION

Office of the University Registrar

Semester/Year

Fall 20 _____
 Spring 20 _____
 Summer I / Maymester 20 _____
 Summer II 20 _____

(Please Print)

Banner ID/SSN	Last Name	First Name	MI	Date of Birth
Mailing Address		City, State, Zip	Phone Number	
Email	Classification	College	Degree	Major

Number of hours you plan to enroll for at TAMIU: _____

Do you plan to be concurrently enrolled at another institution? Yes No

(If yes, please remember to submit your schedule from the respective institution(s).)

V.A. Educational Program You Are Applying For (check one):	
	Chapter 30 - Montgomery G.I. Bill Educational Assistance Program
	Chapter 32 - VEAP - Veteran's Educational Assistance Program
	Chapter 33 - Post-9/11 GI Bill Veterans Educational Assistance
	Chapter 35 - Survivors/Dependents Educational Assistance Program
	Chapter 1606 (formerly Chapter 106) - Selected Reserve Educational Assistance Program
	Chapter 1607 - REAP - Reserve Educational Assistance Program

Are you currently on Active Duty? Yes No

Are you currently in the National Guard? Yes No

I understand that I must maintain the required standards of progress towards the degree indicated as specified in my respective University Catalog. I agree to notify the Veteran's Representative at TAMIU of any changes in my enrollment status. I understand that failure to notify the Veteran's Representative may result in overpayment from the VA Office that may result in those funds being owed back to the VA Office.

Student Signature

Date

Received by

Date

For Office Use Only

_____ Coded in SGASTDN?
 _____ Address verified/updated in VA-ONCE & Banner?
 _____ Degree verified in VA-ONCE & Banner?
 _____ Courses checked towards degree plan?

College-level credit: _____ Remedial: _____
 Data verification by: _____ Date: _____
 Audited by: _____ Date: _____
 Certified by: _____ Date: _____