



**UW Bothell Enrollment Certification Request
FOR VA EDUCATION BENEFITS**

1. STUDENT INFORMATION

Student Last Name: _____	Student First Name: _____
Student ID #: _____	Last Four Digits of Student SSN: XXX-XX- _____
Academic Quarter: _____	Academic Year: _____

Will you live in UW Bothell Housing? ☐ Yes ☐ No

Please indicate your military status:

<input type="checkbox"/> Discharged Veteran	<input type="checkbox"/> National Guard
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reservist (not including ROTC)
<input type="checkbox"/> Child of Service Member	<input type="checkbox"/> Spouse of Service Member

Indicate your branch of service (if you are the dependent, type N/A): _____

Will you receive any tuition assistance not including your VA Educational Benefits? ☐ Yes ☐ No

Tuition assistance can be military tuition assistance, company tuition assistance, ROTC, Departmental waivers, or other tuition specific funding. If so, please indicate the name of the type of assistance:

2. VETERAN BENEFIT INFORMATION

Please indicate your VA Education Benefits program:

<input type="checkbox"/> Chapter 33 – Post 9/11 GI Bill®
<input type="checkbox"/> Chapter 30 – Montgomery GI Bill®
<input type="checkbox"/> Chapter 1606 – Montgomery GI Bill® Selected Reserves
<input type="checkbox"/> Chapter 31 – Vocational Rehabilitation
<input type="checkbox"/> Chapter 35 Dependents Educational Assistance: Claim#: _____

3. DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or certificate program:

<input type="checkbox"/> Certificate Program	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> BA	<input type="checkbox"/> MS	<input type="checkbox"/> JD
<input type="checkbox"/> BS	<input type="checkbox"/> PhD	<input type="checkbox"/> Other: _____

Please indicate your major* in your degree or the name of your program: _____

**(if you have not yet declared a major, indicate your intended major)*

4. ACADEMIC SCHEDULE

Please indicate the course name/number code for each of your courses:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. ACADEMIC SCHEDULE – TO BE COMPLETED BY ADVISER

Please review the student's academic schedule to verify the course information.

- Are all of the courses required for the degree/certificate program, either as core requirement(s), or as elective credit? ☐ Yes ☐ No
 - If no, please indicate the course(s) that are not required:

- Are any of the courses online? ☐ Yes ☐ No
 - If yes, please indicate the course(s) that are online:

- Are any of the courses repeated? ☐ Yes ☐ No
 - If yes, please indicate the course(s) that are repeated:

- Choose the location where the majority of the course(s) have their instruction:
 - ☐ UW Bothell Campus
 - ☐ Eastside Leadership Center
- Do any of the courses have nonstandard term dates (does not follow the quarter dates as established in the academic calendar, such as early or late start)? ☐ Yes ☐ No
 - If yes, please indicate the course(s) and their dates of instruction:

6. ATTACH DOCUMENTS

You may submit additional documents with this form. Additional documents may be a VA Certification of Eligibility and/or a study abroad budget.

7. ADVISER SIGNATURE

I verify that all courses indicated above are required for the degree or certificate program either as core requirement(s) or as elective(s) not previously filled by prior courses or transfer credits. I verify that the information I provided on this form is true and complete to the best of my knowledge.

Adviser Name: _____

Email: _____

Adviser Signature: _____

Date: _____

8. STUDENT CERTIFICATION AND SIGNATURE

I understand it is my responsibility to inform the UW Bothell Veterans & Military Educational Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the UW Bothell Veterans & Military Educational Benefits Office staff to release information from my student record to the Department of Veterans Affairs.

- ☐ If I used my VA Education Benefits at another school and this is my first quarter using the VA Education Benefits at UW, I requested a change of program or place of training as certified.
(VA 22-1995/22-5495)
- ☐ I am a recipient of the Post 9/11 GI Bill (Ch. 33) and the VA will pay my tuition bill. I want my financial aid disbursed directly to me and not towards my tuition bill. I understand that, ultimately, I am responsible for the payment of my tuition and fees.

Student Name: _____

Student Signature: _____

Date: _____