



**UW Bothell Non-Matriculated Status
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: _____

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:

- ☐ Chapter 33 – Post 9/11 GI Bill®
- ☐ Chapter 30 – Montgomery GI Bill®
- ☐ Chapter 1606 – Montgomery GI Bill® Selected Reserves
- ☐ Chapter 31 – Vocational Rehabilitation
- ☐ Chapter 35 Dependents Educational Assistance: Claim#: _____

3. ACADEMIC SCHEDULE

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

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

4. NON-MATRICULATED STATUS – TO BE COMPLETED BY ADVISER

Students can receive VA benefits for up to two quarters in non-matriculated status. They must have an application for admission on file, and the course(s) must satisfy either prerequisite(s) or degree requirement(s) for the program for which they have pending admission's application on file.

- Intended degree program: _____
- Please explain why the student is non-matriculated:

- Does the student have a pending application on file for the intended degree program? ☐ Yes ☐ No

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:

- Select the location where the courses 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. ADVISER SIGNATURE

I verify that all courses as 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: _____

7. 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)

Student Name: _____

Student Signature: _____ Date: _____