VETERANS & MILITARY EDUCATIONAL BENEFITS OFFICE
UNIVERSITY *of* WASHINGTON BOTHELL

UW Bothell Parent School Letter 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:** _____

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. DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or certificate program:

☐ Certificate Program	☐ MA	☐ MD
☐ BA	☐ MS	☐ JD
☐ BS	☐ PhD	☐ 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 information for the courses you will be enrolled in at your secondary school:

Quarter/Academic Year:	Course Name and Number:	Credits:	Name of Secondary School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. ADVISER SIGNATURE

I verify that all courses indicated above are required for the degree program either as core requirement(s) or as elective(s) not previously filled by prior courses or transfer credits, and will transfer at full value to the University of Washington (Parent School). 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: _____

6. 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.

Student Name: _____

Student Signature: _____   Date: _____