

UNT Veteran Enrollment Certification Form-Fall 2016

To request certification, please complete, print and sign this document. Scan and email the form(s) to:
Registrar.Veterans@unt.edu, fax to **940-565-3441**, or deliver in person to **Sage Hall, Suite 123 Student Veteran Services**.

****Chapter 33 Post 9/11 students must submit an updated Award Letter or EBenefits Education Enrollment Status statement each semester.**

Please allow up to 30-45 days for processing to the VA Regional Office.

Student Information (PLEASE FILL OUT COMPLETELY TO AVOID DELAYS IN PAY!)			
Name: (Last, First, Middle)	SSN:	UNT ID#:	VA File No (Ch. 35 only):
Address [] Address change		UNT Email Address Only:	
City, State, Zip		Home Phone	Work/Cell Phone
Major: _____ Degree: _____ Expected Graduation Date(semester & year): _____			
Have you changed your major / degree plan since last semester? [] Yes [] No			
If yes, from _____ to _____			
Must complete 22-1995 or 22-5495 Has this been completed? [] Yes [] No			
VA Chapter: [] 33 (POST9/11) _____ % rate [] 30 (MGIB) [] 31 (VOC REHAB) [] 35 (DEPENDENT) [] 1606 (RESERVE) [] 1607 (REAP) [] TRANSFERABILITY CH. 33 (DEPENDENT) _____ % rate			

Student Status: [] Recertification (Previously Certified w/UNT) [] Incoming Student (First Time Using VA Education Benefits)
[] Transfer Student from (last school where VA was used) _____

Please complete the applicable sessions below (list only enrolled hours at UNT):

Semester/Term	Total Hours Enrolled (by session)	Check if AOP courses	Internet Courses: (list each course)	Repeat Courses: (list each course)	Remedial Courses: (list each course)
Fall 2016					
8 Week 1					
8 Week 2					

Read and initial:

____ I understand that I must complete the VA Enrollment Form each semester **AFTER** I register.

____ Post 9/11 students: I will submit a copy of my most recent VA Award letter or Education Enrollment Status (EBenefits) in order to certify my enrollment and receive my benefits.

____ I understand that only courses required on my degree plan will be certified for VA Educational benefits.

____ I will inform UNT Student Veterans Service office of any and all changes that I make to my schedule.

____ I understand VA will hold me responsible for any overpayment of my educational benefits as a result of dropping courses, non- attendance, withdrawing from UNT, etc.

____ I am responsible for paying any remaining balances on my account or risk being dropped from my classes. I am responsible for checking <https://my.unt.edu> for remaining account balances for tuition and fees that are not covered by my VA Educational benefits. (Examples: Application fee, Orientation fee, Late Registration Fee, Parking Permit, Parking Tickets, Out of State Tuition/fees, Excessive Hours charges, Repeated courses, Repeat course fees.)

____ I understand that benefit payments are always paid one month in arrears and initial payment of benefits may sometimes be delayed at the Regional VA Processing Office due to workload.

____ I authorize the release of all academic records and information by UNT to the Veterans Administration.

____ I certify that I am enrolled in courses for each semester/term listed above and the information is true and correct.

Signature of UNT Veteran/Dependent-Student

Date

UNT SVS Office Use Only:

U _____ G _____ Page _____ CPT _____ Chapter _____ AL/COE _____ 214 _____ Group-Date/Int. _____