

# REQUEST FOR VA CERTIFICATION OR CHANGE IN SCHEDULE

**IMPORTANT:** Complete this form for each registration period OR for changes in schedule

SEMESTER: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last, First, Middle)

Please *print* your address:

\_\_\_\_\_  
\_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Is this a change?  YES  NO

Are you currently on active duty?  YES  NO

Will you be concurrently enrolled in another college or university?  YES  NO

If yes, where? \_\_\_\_\_

How many hours are you registered for at DBU (list each term separately):  
\_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Is this a change?  YES  NO

## Please check program under which you intend to receive benefits:

- |  |  |
|--|--|
| <input type="checkbox"/> Chapter 30-Montgomery G.I. Bill (Active Duty) | <input type="checkbox"/> Chapter 1606-G.I. Bill (Reserve)    |
| <input type="checkbox"/> Chapter 32-Post-Vietnam Era (VEAP)            | <input type="checkbox"/> Chapter 35-Survivors and Dependents |
| <input type="checkbox"/> Chapter 31-Vocational Rehabilitation          | <input type="checkbox"/> Chapter 1607-REAP                   |
| <input type="checkbox"/> Chapter 33- Post 9/11 Era                     |  |

## CHANGE IN VA CERTIFICATION: Use only for add/drop or withdrawal

Check Applicable item:  Add  Drop  Withdraw

Reason for change: \_\_\_\_\_

Total semester hours for which you are registered after change of schedule: \_\_\_\_\_

## Read carefully and initial each then sign:

- I understand overpayment for any reason by the VA is my responsibility to pay back in full. \_\_\_\_
- I understand it is my responsibility to notify the VA Certifying Official of any changes in my educational status (increase or decrease of hours). \_\_\_\_
- I understand DBU's policy for satisfactory progress and the probation procedures. Look under "Veteran's Affairs Program" in Undergraduate Catalog. \_\_\_\_
- I understand that my VA certification information will be provided to the Office of Financial Aid and, if necessary, my financial assistance may be adjusted. \_\_\_\_
- I authorize the Dallas Baptist University VA Certifying Official to disclose any information necessary to the development of my claim and educational benefits to Veterans Affairs. \_\_\_\_
- (For Ch. 33 only) I understand that extra fees that occur due to the Veteran's circumstances will not be covered by VA benefits. *Examples, but not limited to: parking tickets, library late fees, drop fees.* \_\_\_\_

By signing this form I acknowledge that I have read and will comply with the items listed above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_