

# UNT Veteran Enrollment Certification Form-Spring 2019

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 **General Academic Building (GAB), Suite 102**  
**Student Veteran Services - Benefits.**

**\*\*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.**

<b>Student Information</b> <b>(PLEASE FILL OUT COMPLETELY TO AVOID DELAYS IN PAY)</b>			
Name: (Last, First, Middle)	SSN:	UNT ID#:	VA File No. (Ch. 35 only)
Address: [ ] <b>Address Change</b>		UNT Email Address:	
City, State, Zip		Phone #:	Alternate Phone #:
Major:	<b>Have you changed your major/degree plan since last semester?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please complete 22-1995 or 22-5495	Is this your final semester before Graduation?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Minor or Secondary Major:			
<b>Are you participating in any of the below programs this semester?</b> <input type="checkbox"/> Study Abroad <input type="checkbox"/> Internship <input type="checkbox"/> Student Teaching <input type="checkbox"/> Externship <input type="checkbox"/> Practicum <input type="checkbox"/> Co-op <input type="checkbox"/> <b>None</b>			
<b>WHICH TYPE OF EDUCATION BENEFITS ARE YOU RECEIVING?</b> <input type="checkbox"/> 33 (POST9/11) _____% rate <input type="checkbox"/> 30 (MGIB) <input type="checkbox"/> 31 (VOC REHAB) <input type="checkbox"/> 35 (DEPENDENT) <input type="checkbox"/> 1606 (RESERVE) <input type="checkbox"/> TUITION ASSISTANCE <input type="checkbox"/> 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	Hours Enrolled (by session)	Additional Remarks:
Spring 2019		
3 Week (Winter session)		
8 Week 1		
8 Week 2		

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT:

- I must complete the VA Enrollment Form each semester **AFTER** I register.
- **Post 9/11 students: Please note, you must turn in a copy of the award letter you received from the VA during the last semester you used your education benefits or a current eBenefits Education Enrollment Status page before we can submit your enrollment to the VA.**
- I understand enrollment will **only** be certified for courses required on my degree plan. I will **not** receive VA Educational benefits for repeat courses unless the first attempt resulted in a failing grade or withdrawal.
- I must inform UNT Student Veteran Services office of **any and all changes** I make to my schedule.
- I understand the 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 [www.my.unt.edu](http://www.my.unt.edu) for remaining account balances for tuition and fees that are not covered by my VA Educational benefits.
- I understand benefit payments are always paid one month in arrears. Initial payment of benefits may 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 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. \_\_\_\_\_