HBU
HOUSTON BAPTIST UNIVERSITY

Brown Administrative Building, office 156, Houston, TX 77074
(281) 649-3746 * Fax: (281) 649-3440

Request for Enrollment Certification of Educational Benefits to the VA

Office of the Registrar

* Failure to submit all appropriate documents with this request may delay certification of your enrollment to the VA for educational benefits. Complete this form for each registration period OR for changes in schedule. This form must be completed 30 days prior to the start of the semester.

H#: _____

Term of Request: _____ 20____

Student Information - Please print

LAST	*FIRST*	*MIDDLE*
CURRENT MAILING ADDRESS		
CITY	*STATE*	*ZIP CODE* –
DATE OF BIRTH / /	*TELEPHONE NUMBER* ( ) –	
EMAIL ADDRESS:		

IS THIS YOUR FIRST TIME REQUESTING CERTIFICATION FROM HOUSTON BAPTIST UNIVERSITY?

◯ NO

◯ YES - *If yes, please submit a copy of your DD-214- You must also submit Certificate of Eligibility and official Joint Military Transcript.*

INDICATE YOUR SUDENT STATUS:

◯ UNDERGRADUATE
◯ GRADUATE

PRIMARY MAJOR:

MINOR (OR SECONDARY MAJOR): [IF APPLICABLE]

◯ Check here if either your major or minor have changed since the last time you requested certification. *Submit a new degree plan following any changes in your major or minor programs.*

WHICH TYPE OF EDUCATIONAL BENEFITS ARE YOU RECEIVING?

◯ CHAPTER 30 (*MONTGOMERY GI BILL (ACTIVE DUTY)*
◯ CHAPTER 31 (*VOCATIONAL REHABILITATION)*
◯ CHAPTER 32 (*POST VIETNAM ERA VEAP)*
◯ CHAPTER 33 (*POST 9/11 ------ YELLOW RIBBON)*
◯ CHAPTER 1606 *(MONTGOMERY GI BILL-SELECTED RESERVE)*
◯ CHAPTER 1607 *(REAP)*
◯ CHAPTER 35 *(DEPENDENTS EDUCATIONAL ASSISTANCE)++*

NUMBER OF CREDIT HOURS REQUESTED TO BE CERTIFIED:

IS THIS YOUR FINAL SEMESTER BEFORE GRADUATION?

◯ NO
◯ YES

HAVE YOU PREVIOUSLY ATTEMPTED ANY OF YOUR CURRENT COURSES AT ANY INSTITUTION AND RECEIVED A GRADE? (including 'W')

◯ NO
◯ YES - *If yes, please list courses & grades:*

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT:

- ALL OF THE ABOVE INFORMATION IS ACCURATE AND CURRENT.
- ANY CHANGES TO MY COURSE SCHEDULE, MY MAJOR OR MY PERSONAL INFORMATION MUST BE REPORTED TO THE VA CERTIFYING OFFICIAL IN THE REGISTRAR'S OFFICE.
- I AM RESPONSIBLE FOR MONITORING MY BENEFIT STATUS USING www.ebenefits.va.gov.
- I AM RESPONSIBLE FOR SECURING MY CLASSES BY MAKING A PAYMENT, USING A PAYMENT PLAN, OR SELECTING A DEFERMENT OPTION, UNTIL THE VA DISBURSES FUNDS TO THE HBU.
- I UNDERSTAND THAT I MUST HAVE A DEGREE PLAN IN MY VA FILE BEFORE THE END OF MY SECOND SEMESTER.
- I AUTHORIZE HBU VA CERTIFYING OFFICIAL TO DISCLOSE ANY INFORMATION NECESSARY FOR THE DEVELOPEMENT OF MY EDUCATIONAL BENEFITS TO THE VA.

SIGNATURE: _____ DATE _____

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Gode, you are entitled to have the University correct information about you that is incorrect.