



The University of the Incarnate Word

Office of the Registrar

**VA ENROLLMENT CERTIFICATION REQUEST FORM**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ [ ] Address Change

Phone: Home \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Advisor: \_\_\_\_\_

Student Status: New- Freshman [ ] or Transfer [ ]; Previously Attended UIW [ ]

Are you on active duty? Y [ ] N [ ]

Select your chapter number:

[ ] Chapter 30-GI Bill [ ] Chapter 35-Dependents

[ ] Chapter 1606-Reserves [ ] Chapter 1607-REAP

Semester/Year (Please specify if Mini term, Online term, ADCaP term)	Hours	All courses required for degree? (Y/N)

**Authorization to Certify for Benefits**

I agree the above information is correct. I will notify the VA Certifying Official of **any** changes to my enrollment, address, status or major so that the VA Regional Office can be notified in a timely manner. I assume **FULL** responsibility of reimbursement of funds to UIW or the VA should an over-payment occur as a result of this certification. I agree that the courses are required for my degree program. If not, I am responsible for submitting a substitution form for the courses that are not required for the degree.

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Student's Signature

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**For Office Use Only**

Remarks: