

	Student ID:		
Last Name	First Name	Middle Init.	

2024-2025 VA BENEFIT CERTIFICATION REQUEST

Please read the instructions and check your input before returning the form. Incorrect or incomplete information will delay benefit processing.

Complete this form to utilize VA Education Benefits for the term designated below. Only select one term for certification on this form. Once completed, please print, sign, and return this form to the Office of Student Financial Planning. You may also email this form to veterans@uu.edu.

Please sele	ct the term you are r	equesting to use VA benefi	ts:
	Fall 2024	Spring 2025	Summer 2025
Have you s	elected a major		
	Yes, My major	is	
	No, I understa	nd that this may affect my	ability to receive benefits
Advisor's N	lame:		
Advisor's E	mail:		
Have you s	Yes	an updated Certificate of El that my hours will not be c	igibility this school year ? Pertified until I have submitted an updated copy.
BY SI	GNING BELOW, I AC	KNOWLEDGE AND UNDE	RSTAND THE FOLLOWING STATEMENTS:
•	VA education benefit enrollment that does Benefits can only be a Any change to my en debt owed by me to The Change of Enrolli to your class schedule Classes which are rep have been successful	is are paid based on training ti not equal a full-time course-lo received for courses that are w worlment, program, or location Union and/or the Department ment form <u>MUST</u> be resubmit e. weated may be certified for rep	me/rate of pursuit, and benefit payment may be adjusted for oad spanning the entire semester. within my program of study. In after the date below may result in a reduction to my benefits and a of Veterans Affairs. Ited within five days of an enrollment change if any changes are made eat if the original grade was punitive (i.e. a failing grade). Classes that ed for VA purposes if they are repeated.
	 Signature		 Date