

	Student ID:	
Last Name	First Name	Middle Init.

## 2025-2026 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.

	Fall 2025	Spring 2026	Summer 2026
Will you be	e graduating in the to Yes	erm selected?	
	No		
Have you se	elected a major		
	Yes, My major i	s	
	No, I understand	d that this may affect my	ability to receive benefits
Have you s	ubmitted a copy of a	ın updated Certificate of E	ligibility this school year?
	Yes		
	No, I understand	that my hours will not be	certified until I have submitted an updated copy.
BY SI			ERSTAND THE FOLLOWING STATEMENTS:
•			ime/rate of pursuit, and benefit payment may be adjusted for oad spanning the entire semester.
•		eceived for courses that are v	· · · · · ·
•			n <b>after the date below</b> may result in a reduction to my benefits and a
•	debt owed by me to Union and/or the Department of Veterans Affairs.  The Change of Enrollment form <b>MUST</b> be resubmitted within five days of an enrollment change if any changes are made		
	to your class schedule.		
•	Classes which are repeated may be certified for repeat if the original grade was punitive (i.e. a failing grade). Classes that have been successfully completed cannot be certified for VA purposes if they are repeated.		
•	•	ition and fee payment to Ur	
			<del></del>
	Signature		 Date