VA Education Benefits Document Requirements Checklist - First Time Request

For complete eligibility details go to the US Department of Veterans Affairs website at: http://www.benefits.va.gov/gibill/

Chapter 30 – Montgomery GI Bill

- Students applying for CH 30 VA Education Benefits for the 1st time should visit the Veterans On-Line Application (VONAPP) and complete VA Form 22-1990.
- DD214 – must be “Member 4 copy”. Copy can be requested from the National Archives eVetRecs website
- Certification Request Form must be submitted each Aid Year (Fall to Summer)
- Students enrolled in Graduate programs must submit copy of Program Plan from department
- ALL transcripts must be received and evaluated by the Office of the Registrar
- Military transcripts must also be submitted to the Office of the Registrar. If you held and Officer’s rank, is reflected in your DD214, and do not have any military transcripts, please submit a signed statement indicating you do not have any military transcripts.

Chapter 31 – Vocational Rehabilitation

- VA Form 28-1905 – completed and signed by the VA Case Manager
- DD214 – must be “Member 4 copy”. Copy can be requested from the National Archives eVetRecs website
- Students enrolled in Graduate programs must submit copy of Program Plan from department
- ALL transcripts must be received and evaluated by the Office of the Registrar
- Military transcripts must also be submitted to the Office of the Registrar. If you held and Officer’s rank, is reflected in your DD214, and do not have any military transcripts, please submit a signed statement indicating you do not have any military transcripts.

Chapter 33 – Post 9/11 GI Bill®

- Students applying for CH 33 VA Education Benefits for the 1st time should visit the Veterans On-Line Application (VONAPP) and complete VA Form 22-1990. If VA benefits have previously been used and student is transferring schools or changing programs, the student should complete VA-Form 22-1995. If student is receiving transferred benefits from Veteran, the student would need to complete VA-Form 22-1990e.
- DD214 – must be “Member 4 copy”. Copy can be requested from the National Archives eVetRecs website:
- Certificate of Eligibility (a.k.a. VA Award Letter) must be submitted each Aid Year which outlines percentage of eligibility and expiration of benefits. Copy can be obtained from VA (1-888-442-4551) or by logging in to eBenefits and print your Post 9/11 GI Bill Enrollment Status.
- Certification Request Form must be submitted Aid Year (Fall to Summer).
- Students enrolled in Graduate programs must submit copy of Program Plan from department
- ALL transcripts must be received and evaluated by the Office of the Registrar
- If the student is the veteran, military transcripts must also be submitted to the Office of the Registrar. If you held and Officer’s rank, is reflected in your DD214, and do not have any military transcripts, please submit a signed statement indicating you do not have any military transcripts.

Chapter 35 – Survivors and Dependent Assistance

- Students applying for CH 35 VA Education Benefits for the 1st time should visit the Veterans On-Line Application (VONAPP) and complete VA Form 22-5490.
- Certification Request Form must be submitted Aid Year (Fall to Summer).
- Students enrolled in Graduate programs must submit copy of Program Plan from department
- ALL transcripts must be received and evaluated by the Office of the Registrar

Chapter 1606- Montgomery GI Bill Reserve

- Students applying for CH 1606 for the 1st time should visit the Veterans On-Line Application (VONAPP) and complete VA Form 22-1990.
- Copy of Notice of Basic Eligibility (NOBE) – DD2384 (copy may be obtained from Reserve or Guard Unit
- Certification Request Form must be submitted Aid Year (Fall to Summer).
- Students enrolled in Graduate programs must submit copy of Program Plan from department
- ALL transcripts must be received and evaluated by the Office of the Registrar
- Military transcripts must also be submitted to the Office of the Registrar. If you held and Officer’s rank, is reflected in your DD214, and do not have any military transcripts, please submit a signed statement indicating you do not have any military transcripts.

Chapter 1607- Reserve Education Assistance Program

- Students applying for CH 1607 for the 1st time should visit the Veterans On-Line Application (VONAPP) and complete VA Form 22-1990.
- DD214 – must be “Member 4 copy”. Copy can be requested from the National Archives eVetRecs website. OR Copy of Notice of Basic Eligibility (NOBE) – DD2384 (copy may be obtained from Reserve or Guard Unit
- Certification Request Form must be submitted Aid Year (Fall to Summer).
- Students enrolled in Graduate programs must submit copy of Program Plan from department
- ALL transcripts must be received and evaluated by the Office of the Registrar.
- Military transcripts must also be submitted to the Office of the Registrar. If you held and Officer’s rank, is reflected in your DD214, and do not have any military transcripts, please submit a signed statement indicating you do not have any military transcripts.

*Important Links*

Certification Request For VA Education Benefits

VA Benefits Recipient:
This Certification Request is required so our office can certify your enrollment, which is required by the Department of Veterans Affairs. Please complete this form and return to our office as soon as possible

1. Full Name (please print) ____________________________________ Program of Study*: _____________________________________
   (*The DPT-Transitional Program is not eligible for certification/ VA benefits. Online Instructional Fee for BS EHS is not eligible for certification)
2. UTHSCSA ID? __________  3. Are you Active Duty?    Yes ☐ No ☐
4. Do you receive Tuition Assistance, NECP, AECP, ROTC Scholarships or other Federal Funding?  Yes** ☐ No ☐  (**if Yes– you may not be entitled to full VA Education Benefits)
5. Which VA Education Chapter will you be using?  CH 30 ☐ CH 33** ☐ CH35 ☐ CH 1606 ☐ CH 1607 ☐
   (**if applying for CH 33-Post 9/11 you MUST provide copy of updated Certificate of Eligibility EACH Aid Year )
6. Are you enrolled in a Distance Learning Program?  Yes** ☐ No ☐
   (**if Yes and using CH 33 you are only entitled to ½ the national average BAH rate)
7. If using VA CH 33, are you ☐ the Veteran ☐ Dependent ☐ Spouse
8. If using VA CH 35 Education Benefits for the first time please list the following: Veterans File #:________________
   Payee #__________ (this # can be obtained from the VA 1-888-442-4551)
9. For which term(s) do you wish to be certified? (indicate the YEAR on each of the terms you would like to be certified for)
   □ Academic Yr (selection for Medical and Dental only) 20____-20____
   □ Fall 20_____  □ Spring 20____  □ Summer 20____
10. Provide updated address, if it has recently changed: ____________________________________________________________

I hereby authorize the Office of Veteran Services and Financial Aid to submit the VA enrollment certification for the term(s) listed above.

**You must agree to the statements below by checking the boxes**

☐ I understand that completion of this form assures me of enrollment certification with the Department of Veterans Affairs, but does not guarantee payment from the VA. Payment depends on my being enrolled in an approved program, my not owing money to the VA for overpayment, and my compliance with all other VA regulations.

☐ I agree to immediately notify the Office of Veteran Services and Financial Aid if I drop, add, or withdraw classes.

☐ I understand that only courses listed in my program plan can be certified and that if my program plan changes, I must submit an updated copy to the Office of Veteran Services and Financial Aid.

☐ I understand that if I continue to receive benefits based on an incorrect enrollment certification, because I dropped a class and failed to notify the Office of Veteran Services and Financial Aid, that I will owe the excess amount of benefits received back to the Department of Veterans Affairs.

☐ I understand that if my VA benefits exhaust and the University does not receive payment on my behalf, I will owe the unpaid balance to the University.

☐ I understand that notifications and requests for additional information to process this request will be sent to my UTHSCSA LiveMail Account.

____________________________________   ____________________
Signature                                                     Date

*The UTHSCSA is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disabilities Act, if you require this information in an alternative format please contact the Office of Veteran Services and Financial Aid for assistance.
7703 Floyd Curl Drive MSC 7708 San Antonio, TX 78229-3900   210 567-2635   210 567-6643 fax