

Student Name:	TXWES ID #:		
Phone #: Email: _	Email:		
Address:			
City, State, Zip:			
Degree & Major:	Estimated Graduation Date:		
Semester needing certified: □ Summer 2023	□ Fall 2023	□ Spring 2024	
Status (check one):	Branch of Service	2:	
🗆 Veteran	🗆 Air Force	🗆 Army	
🗆 Family Member – Spouse	🗆 Navy	🗆 Marines	
🗆 Family Member – Child	🗆 Coast Guard	Reserves	
□ Active Duty *	🗆 National Gua	ard	
*Are you using Tuition Assistance?			
\Box No \Box Yes (if yes, must provide TA authorization f	orm)		
Benefit Information (check one):			
Chapter 30 – Montgomery GI Bill			
Chapter 31 – Vocational Rehab (Vocational R	ehab Counselor mi	ust submit 1905)	
🗆 Chapter 33 – Post 9/11 GI Bill		,	
🗆 Chapter 35 - Dept. /Survivor (Federal Benefit	t Only) Enter VA	A File #	_
□ Chapter 1606 - Reserve/National Guard			
🗆 Chapter 1607 – Reserve			
Marine GySgt John David Fry Scholarship			

New TXWES Students

Have you attended ANY SCHOOL using your GI Bill before?

- Yes If yes, you MUST notify the VA of your change of program and place of training using Form 22 - 1995 on the Veterans Online Application website <u>http://www.va.gov</u>
- No If this is your first time using your GI Bill benefits, you MUST apply online at the Veterans Online Application website http://www.va.gov AND then submit proof of application or a copy of your Certificate of Eligibility.

New & Returning Students - Before submitting this form:

- \Box Register for your classes.
- Review your degree to ensure all coursework applies to your degree. Contact your academic advisor if you have any questions about course applicability. Only applicable coursework will be certified for VA Benefits.

Student Responsibilities & Certification

Please *read and initial* each of the items listed below. Ask the VA Certifying Official if you have any questions.

- _____ I understand that I must maintain satisfactory academic progress in order to continue receiving VA Benefits.
- _____ I hereby certify that I have not already received credit for any course for which I am registered.
- _____ I understand that the Veterans Administration will not award benefits for courses that are not accredited to my degree.
- _____ I agree to report immediately ANY enrollment changes made by me or by TXWES including
 - ANY class changes including withdrawal from and/or add/drop from courses
 - Withdrawal from all classes/school within a semester

to the VA Certifying Official at the TXWES Office of Financial Aid. I understand that failure to do so may result in the reduction or termination of my VA Benefits.

- _____ I understand that it is my responsibility to notify the VA Certifying Official at the TXWES Office of Financial Aid if I change my program of study (major), change my address, or take testing that will give me additional earned credits.
- _____ I understand I need to submit a copy of my DD-214 to VA Certifying Official.
- _____ It is my responsibility to submit my **military transcripts** to the Admissions Office for evaluation of military credits.
 - Army/Navy/Marines/Coast Guard: <u>https://jst.doded.mil</u>
 - Air Force: <u>https://www.airuniversity.af.edu/Barnes/CCAF/Display/ARTICLE/803247/</u>
- _____ If I am transferring from another school, or have prior credits to submit for additional credit hours, I must submit all transcripts and/or notice of prior credits to TXWES.
- _____ I understand monthly housing allowance benefits are paid based on rate of pursuit.
- _____ I understand I must submit a new VA Enrollment Certification form to the VA Certifying Official at the TXWES Office of Financial Aid at the beginning of every semester otherwise I will not get certified.

Student Signature

I have read the information contained in this form, and accept responsibility for repayment to Texas Wesleyan University and/or the VA, if required. I understand the Terms and Conditions, and acknowledge that the information I have provided here is correct. **Please print and sign. Electronic signatures are not accepted.**

Student's	Signature	(Required)
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Date