

1 Harpst St., Lower Library, Rm 58 • Arcata, California 95521-8299 • 707-826-6272 • fax:707-826-6275

REQUEST FOR ENROLLMENT CERTIFICATION

Name		HSU-ID		Term		Year	\prod	Τ
Phone		Email A	ddress		@humboldt.ed	u		
Major	Degree	Is this a change	of major since	your last ce	rtification?	Yes	I	No
Check the benefit you are claim	ing:							
Chapter 30 (MGIB) Chapter 1606 (Reserve/ National Guard)								
Chapter 35 (Dependant/Spouse)		Chapter 33 (Veteran)						
Chapter 31 (Vocational Rehab) Chapter 33E (Dep								
Check all that apply:								
You are currently on active duty.		You are re	eceiving military t	tuition assista	ance (TA) for this	s term.		
You are a graduate student or post-b	accalaureate.	You are a	n out-of-state stu	ident.				
You are repeating a course.		You have	changed school	s since your	last certification	۱.		
This is your first enrollment for this chapter of VA benefits.			You have changed your address.					

Complete the following :

Please note a non standard term are courses that start and end on different dates than the regular semester dates.

Non-Standard Term Write Dates below	COURSE	CREDITS	REQUIRED FOR DEGREE? YES OR NO	REMEDIAL? YES OR NO	ON CAMPUS / ONLINE

The information I provided is accurate. I understand that:

1. In order to be certified for the above courses, they must be requirements for my degree;

2. It is my responsibility to notify the Veterans Enrollment and Transition Services office of any changes in my degree program or projected semester hours (adds/drops/withdrawals);

3. If I fail or stop attending a course, I may be required to repay the VA benefits I have received for the course.

Authorization for inter-office use of information: I hereby authorize the release of information concerning my veterans' benefits and enrollment status to all Humboldt State University (HSU) staff and the US and state Dept of Veterans' Affairs. I authorize Veterans Enrollment & Transition Services (VETS) personnel to act on my behalf and to exchange information with the VA and with other Veterans'Affairs offices as required to insure correct benefit payments. I agree that a photocopy of this release shall be as valid as this original. I acknowledge that all veterans must submit a copy of their member 4 DD214 and a military transcript. Furthermore, I authorize VETS to request my military transcript directly from the Joint Services Transcript website.

STUDENT'S SIGNATURE	

For Office Use Only: DARS Approved

Initials:

Date