



Request for Certification Form

INSTRUCTIONS: This form must be completed for every semester that you want to request Veterans Educational Benefits. This form, along with class schedule/statement of charges, must be submitted to process/certify educational benefits. Please submit documents to:

Veterans and Military Services (VMS) drop box
Arnulfo Oliveira Student Services Bldg.

Fax: 956-295-3681
E-mail: veterans@tsc.edu

SECTION 1: STUDENT INFORMATION

Student ID: _____ Full Name: _____
Mailing Address: _____ City: _____ Zip: _____
E-mail Address: _____
Mobile Phone: _____ Alternative Phone: _____

SECTION 2: BENEFITS INFORMATION- STATE AND/OR FEDERAL

STATE (Check one): (attach Hazlewood hours and TVC Continued Enrollment form or Initial Hazlewood App. if new student)

[] Hazlewood [] Hazlewood-Legacy

FEDERAL GI Bill® Benefits (Check one):

[] Chapter 30 - Montgomery GI Bill®... current Active Duty? [] No [] Yes (No pay/allowance until after separation date)
[] Chapter 31 - Vocational Readiness and Employment
[] Chapter 33 - Post 9/11 GI Bill®.....current Active Duty? [] No [] Yes (No BAH until after separation date)
[] Chapter 35 - Dependents Educational Assistance.....VA Claim Number (if new student): _____
[] Chapter 1606 - Montgomery GI Bill® Selected Reserves

SECTION 3: ACADEMIC INFORMATION

Indicate semester requesting certification:

Year: _____ Semester: [] Fall [] Spring [] Summer Session I [] Summer Session II

Degree Objective: [] Certificate [] Associates [] Basic Peace Officer Course

Academic Program: _____

Change of Major? [] Yes** [] No

**Note: Must submit VA Form 22-1995/5495 and an updated degree plan from Academic Advisor in order to change program.

SECTION 4: CERTIFICATION

I certify that I am a current student that qualifies for the GI Bill® and/or Hazlewood Exemption and that I have entitlement remaining on my VA benefits to cover the semester and understand that I will possibly have a balance if I exhaust my benefits before the end of the semester. I WILL NOTIFY THE TSC VMS Office IMMEDIATELY if I add, drop, or withdraw from any or all of my classes. I understand that listing false information may result in the reduction or loss of my benefits. By signing this request, I authorize TSC to order my official military transcript (veterans only) as needed for my VA Education file. I understand that I must check my TSC e-mail account for any notifications regarding this request.

Signature: _____ Date: _____

Office Use Only: [] FMF [] IRQ Staff Initials: _____ Date Entered: _____