



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 Rehabilitation
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: