



Military & Veteran Success Center
NE Student Union - Room 16
Lincoln, NE 68588 - 0426
402-472-4130
VA Certification Request

Name _____ NUID _____
NEW STUDENT - SSN _____ NEW STUDENT - BIRTH DATE _____
Address Listed with VA _____ Cell Phone _____
City, State & Zip Code _____

VA EDUCATION BENEFITS: POST 9/11: Chapter 33
Chapter 33 Veteran _____
Chapter 33 Dependent/Spouse _____
MGIB Chapter 30 - Currently on Active Duty? _____
MGIB Chapter 1606 (National Guard or Select Reserve) _____
VR&E Chapter 31 _____
DEA Chapter 35 Dependent/Spouse - Veteran Name & SSN _____

Have you already completed an online application to receive VA Education Benefits on www.va.gov? YES NO
Do you need to update your Address, Phone or Direct Deposit with the VA? Do this on ask.va.gov
Or call the VA 1-888-442-4551 with questions.
Have you already used your VA Education Benefits here at UNL?
Have you changed your degree program/major since you were last certified?

University of Nebraska DEGREE PROGRAM: College _____ Program/Major _____

IF you are receiving any other military educational benefit(s) please list: _____

Term of Enrollment: FALL _____ SPRING _____
Year Total # Enrolled Credits Year Total # Enrolled Credits
SUMMER _____ 3 Week _____ 1st 5 Week _____
Year 8 Week _____ 2nd 5 Week _____
List per Summer Session # Enrolled Credits

Are any of these enrolled courses replacing C-, D, F, I or NR grades? YES NO
If YES, list course(s) and previous grade received: _____
Is this replacement course required for your Degree Program? _____

Are you currently registered at another institution? If YES, where? _____

Do you have a separate enrollment through the UNL ONLINE & DISTANCE EDUCATION DEPARTMENT? _____
Course(s) _____ Credit Hours _____
Begin Date _____ End Date _____

** I understand that it is my responsibility to notify the UNL Veterans Clerk of any changes in my class schedule.
I understand that I NEED to submit this form for each additional term of enrollment for my VA school certification.
My signature below certifies that I understand these requirements for me to receive my VA Education Benefits. **

SIGNATURE: _____ DATE _____