



VETERAN & MILITARY
RESOURCE CENTER
SEMESTER CERTIFICATION
TO BE COMPLETED BY STUDENT

Student Name: _____ Student ID: _____

Chapter: _____ Benefit Level: (Ch. 33) _____ % Term: _____ DOB: _____

Program: (Please Circle) BA BBA BS MA MS MBA MFA MD JD PhD Other: _____

Active Duty: Yes No ROTC: Yes No Has your program changed? Yes No

- I acknowledge and understand that the VMRC processes certification requests on a first-come, first-serve basis and that increased submission volume may result in extended certification processing times.

Student Signature: _____ Date Submitted: _____

FOR OFFICIAL USE ONLY

<input type="checkbox"/> Student Info Sheet	<input type="checkbox"/> Schedule	<input type="checkbox"/> LoboTrax	<input type="checkbox"/> Enrollment Manager	<input type="checkbox"/> SGASTDN
			<input type="checkbox"/> Ben. Remaining _____	
In-State Tuition (SFAREGS)	<input type="checkbox"/> Res	<input type="checkbox"/> COE*	<input type="checkbox"/> Excel**	<input type="checkbox"/> Semester Hold Form**
	<input type="checkbox"/> N-Res			<input type="checkbox"/> TSICSRV***
<small>* For first-time Certifiers only.</small>		<small>** For Ch. 31 & Ch. 33 students only.</small>		<small>*** For all Ch. 33 & any Ch. 35 below 1/2 time.</small>

Full Semester: _____
1 st -Half Term: _____
2 nd -Half Term: _____
Total Hours: _____ <small>(At Main Campus)</small>
Parent Letter: _____

<u>Tuition</u>	<u>Fees</u>
Total:	
Pre-cert Initials/Date: _____	Final Initials/Date: _____

Chapter 31: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Bookstore (Chiaki Only)
Counselor Email: _____
Program: _____
Authorization: _____
Auth. Dates: _____