



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

**Name** \_\_\_\_\_ **Local Phone** \_\_\_\_\_  
**Permanent Address** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **UNL Student ID#** \_\_\_\_\_  
 (Report Address Changes directly to the VA at 1-888-442-4551 or make change on VONAPP)

**VA PROGRAM**

Chapter 30 \_\_\_\_\_ Currently On Active Duty? \_\_\_\_\_ Chapter 33(Post9/11 Veteran) \_\_\_\_\_  
 Chapter 31 (VOCR) \_\_\_\_\_ Chapter 33 (Dependent/Spouse) \_\_\_\_\_  
 Chapter 1606 (Guard/Reserve) \_\_\_\_\_ Chapter 1607 (REAP) \_\_\_\_\_  
 Chapter 35 (Dependent/Spouse) \_\_\_\_\_ Chapter 35 File # \_\_\_\_\_

**YES NO**

**Have you completed an online application (VONAPP) to receive VA Benefits?** \_\_\_\_\_  
 Have you received or drawn VA Education Benefits at another school? \_\_\_\_\_  
 If YES, when-and-where? \_\_\_\_\_  
**VETERANS:** Have you submitted a DD 214 or military transcripts to Admissions? \_\_\_\_\_  
 Have you drawn benefits at UNL before? If YES, When: \_\_\_\_\_  
 If YES, have you changed your major or college since you were last certified? \_\_\_\_\_

**DEGREE INFORMATION:** College \_\_\_\_\_ Major \_\_\_\_\_

Dates of enrollment: FALL \_\_\_\_\_ SPRING \_\_\_\_\_  
                                   Year                           Total Enrolled Hours                           Year                           Total Hours  
  
                                   SUMMER \_\_\_\_\_ 3-Week \_\_\_\_\_ 1<sup>st</sup> 5-Week \_\_\_\_\_  
                                                                                   Year                           8-Week \_\_\_\_\_ 2<sup>nd</sup> 5-Week \_\_\_\_\_

**YES NO**

**Are any of these enrolled courses replacing C-, D, F, I or NR grades?** \_\_\_\_\_  
 If Yes, list courses and previous grade received: \_\_\_\_\_  
 Is this replacement course required for your major or minor? \_\_\_\_\_

**Are you currently registered at another institution?** \_\_\_\_\_  
 If YES, where? \_\_\_\_\_

**UNL (Distant Ed) EXTENDED EDUCATION & OUTREACH ENROLLMENT:**

**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 new term of enrollment for VA Education Benefits.  
 My signature below certifies that I understand these requirements for Enrollment Certification. \*\*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The University of Nebraska-Lincoln is an equal opportunity  
 educator and employer with a comprehensive plan for diversity.

