



HILO Veteran Enrollment Certification Request

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Building, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhr@hawaii.edu

Important Please Read

This form must be completed and signed by both yourself and your academic advisor in order for the Registrar's Office to certify you for VA benefits. It is your responsibility to submit and verify receipt of this form each semester. You must submit a new Veteran Enrollment Certification Request if you make any changes to your schedule within a term after you have been initially certified for that term.

Name: _____ Student ID: _____

Address: _____ Phone: _____

_____ Email: _____ @hawaii.edu

UH Hilo Degree: (Please Circle One) BA BS BBA MA MS PhD Major/Program: _____

Student Status: _____ New Student _____ Continuing Student
(If you are a new student, or using VA benefits for the first time with UH Hilo, you must provide the Registrar's Office with a copy of your COE)

Semester: Fall Spring Summer Year: 20 _____ Are you graduating this semester? Yes No

Check the option below that best describes your status:	Educational Benefits Applying For:
<input type="checkbox"/> Veteran	<input type="checkbox"/> Chapter 30 (MGIB-AD)
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Chapter 33 (Post 9/11 – Veteran)
<input type="checkbox"/> Member of National Guard	<input type="checkbox"/> Chapter 33 (Post 9/11 – Dependent)
<input type="checkbox"/> Reservist (Not including ROTC)	<input type="checkbox"/> Chapter 35 (Dependent/Survivors)
<input type="checkbox"/> Child of US military veteran or active duty service member	File Number: _____
<input type="checkbox"/> Spouse of US military veteran or active duty service member	<input type="checkbox"/> Chapter 1606 (MGIB-Reserve)
<input type="checkbox"/> Are you receiving T.A. from the military (GoArmyEd, Navy, etc.)	<input type="checkbox"/> Chapter 1607 (MGIB-REAP)
<input type="checkbox"/> Please state your branch of service: _____	(Chapter 31 requires a 1905 from your Voc Rehab Counselor)

List Classes for Certifying Semester: (Re-submitting due to changes made to my class schedule)

Campus (UHH, HAW, LEE, etc)	CRN (Ex: 12135)	Sem. Hr (Ex: 3)	Course Alpha/Number (Ex: CHEM 125)	(For Registrar's Office Use Only)			
				Term Code: _____ / _____ / _____	Term Date: _____ / _____ / _____	R/DCO	M/GE

The VA student must be a classified student at the University of Hawai'i at Hilo in a program leading to a degree, and also be enrolled in courses which provide credit toward completion of the program. Veteran benefits do not apply towards subject certificates.

I confirm the above courses will apply towards students above mentioned degree.

Print Name of Advisor: _____

Signature of Advisor: _____

Date: _____

(Please turn over)

Statement of Veteran's and Dependent's Responsibilities for Veteran Educational Benefits

It is important to understand that the University of Hawai'i at Hilo School Certifying Official (SCO) is not a representative of the military or the Department of Veterans Affairs. Similarly, Academic Advisors are not VA Certifying officials.

(Initial: _____) In order to obtain/retain Department of Veteran Affairs (DVA) Educational Benefits I agree to:

1. Submit the Veteran Enrollment Certification Request form every semester to the UH Hilo Office of the Registrar.
2. Inform UH Hilo Office of Registrar of any changes in academic status such as: add/drop of classes, completely withdrawing from classes, change of program/major, academic dismissal, or concurrent enrollment at another institution.
3. Register for classes that are required for completion of a degree or graduate certificate.
4. Make satisfactory progress towards the completion of my declared degree or graduate certificate.
5. Authorize the University of Hawaii at Hilo Registrar's Office to release information from my student record to the Veterans Administration.

(Initial: _____) I understand the following:

1. Benefits can be received for more than one program/ major or graduate certificate at a time.
2. The VA does not pay for repeated courses if I have already received a passing grade for that course, unless my degree plan requires a higher grade than I received.
3. I must have a declared degree or graduate certificate.
4. Receipt of a non-punitive grade will be reported to the VA and it could affect my benefits, which I may have to repay to the VA. (Example grade: "W").
5. Academic dismissal or probation will be reported to the VA if benefits were received for the course, and I may have to repay benefits received.
6. The VA will not pay for classes that do not pertain to my declared degree or graduate certificate.
7. Any changes made to my schedule after I have been certified could result in having to reimburse the VA for benefits already received.
8. The VA will only pay the in-state tuition rate for UH-Hilo, up to the percentage rate I am entitled to as stated on my COE.
9. It is my responsibility to keep current and accurate information with the Registrar's Office

It is important to understand that each chapter has its own requirements that must be fulfilled to continue receiving benefits through the VA. (Initial the one that applies)

- **(Initial: _____)** Chapter 33 students: I understand the GI Bill payments for tuition and fees do not take effect until after the semester begins. Although a hold is placed on my account while waiting for the VA to pay my tuition and fees, I understand I am ultimately responsible for all outstanding balances that are placed on my account. I also understand it is my responsibility to be aware of all payment deadlines and that the Office of the Registrar will not be contacting me if my classes get purged for non-payment.
- **(Initial: _____)** Chapters 30, 35, 1606, and 1607: I understand that I must make a payment for my tuition and fees or enroll in a payment plan prior to payment deadlines or my courses may be purged for non-payment. I understand that I must verify enrollment on the last day of every month of the semester by calling 1(877) 823-2378 or through the Web Automated Verification of Enrollment (WAVE) online at <https://www.gibill.va.gov/wave>. Non-compliance may result in termination of my benefits.

I CERTIFY THAT I HAVE COMPLETED THE FRONT SECTION OF THIS FORM TO THE BEST OF MY KNOWLEDGE, AND THAT I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS WHICH NEED TO BE MET IN ORDER TO RECEIVE DVA EDUCATIONAL BENEFITS.

Student Signature: _____

Date: _____