

TEXAS SOUTHERN UNIVERSITY

Office of Veteran Affairs

3100 Cleburne Street, Houston, Texas 77004

(713) 313-7071

VA Semester Benefit Form

You must complete the following procedures if you wish to receive Veteran Benefits at Texas Southern University:

1. Provide the Registrar's Office with official transcripts of all schools attended since your last certification
2. You must complete the continuation form for **EACH** semester you attend classes and for certification processing.

DO NOT SUBMIT THIS FORM WITHOUT A PAID BILLING INVOICE/FEE RECEIPT ATTACHED

Name: _____
Last *First* *Middle*

DOB: _____ Social security number: _____ - -

Address: _____
Street

_____ *City* *State* *Zip*

Phone: (_____) _____ Email: _____

Semester: _____ Chapter# _____ File# _____

Major: _____ Minor _____ Catalog Yr. _____

Kicker (attach a copy of DD-4 or contract) Yes No Buyin Yes No

NOTE

A certification for veteran benefits will not be processed until official transcripts have been received and an official evaluation has been completed (if applicable). A veteran will not be certified for courses not listed on the degree program. Please refer to all evaluations and your proposed degree program prior to each registration. Veteran regulations require that a student receiving veteran benefits select a degree objective and make satisfactory progress toward completion of that objective. All drops, withdrawals, and "I" grades must be submitted to the veterans counselor within 15 days.

A veteran will **not** be certified for repeated courses unless the first attempt resulted in a failing grade or withdrawal. All course substitutions must be approved and submitted in writing. You must complete form **VAF 22-1995** (Chapters 30,1606, 1607) or form **VAF 22-5495** (Chapter 35) if you change your degree program.

I have received and understand the procedures necessary to receive Veteran Benefits at Texas Southern University. I further understand that failure to adhere to any and all of the above requirements may result in delayed certification and/or overpayment situation, which will cause a financial debt.

Signature: _____ Date: _____
Month *Day* *Year*