



OFFICE OF THE REGISTRAR

One Baylor Plaza, Suite M210, Mail Stop: BCM365, Houston, TX 77030
713-798-7766 | Fax: 713-798-1518 | Email: registrar@bcm.edu

REQUEST FOR ENROLLMENT CERTIFICATION OF EDUCATIONAL BENEFIT TO THE VA

* Failure to submit all appropriate documents with this request may delay certification of your enrollment to the VA for educational benefits.
Please allow 7 to 10 working days for processing.

BCM ID: _____

Semester of Request: 20

STUDENT INFORMATION (Please Print)			
Last Name	First Name	Middle Name	Suffix
Current Mail Address			
City	State	Zip Code (12345-6789)	
Date of Birth (MM/DD/YYYY)		Telephone Number (123-456-7890)	
Email Address			
EDUCATIONAL BENEFITS INFORMATION (Please Print)			
Is this your first time requesting certification from Baylor College of Medicine? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
<i>*If yes, please submit a copy of your DD-214 and degree plan, as well as documentation that you have informed the VA of your intent to receive benefits from Baylor College of Medicine. (Ex: 22-1990, 22-1995, 22-5490, 22-5495, AND certificate of eligibility)</i>			
Please Indicate Your School:			
<input type="checkbox"/> Medical	<input type="checkbox"/> Graduate	<input type="checkbox"/> Tropical Medicine	<input type="checkbox"/> Allied Health <input type="checkbox"/> Resident/Fellow
Primary Program		Secondary Program (If Applicable)	
<input type="checkbox"/> Check here if your program has changed since the last time you requested certification.			
Which type of Educational Benefits are you receiving?			
<input type="checkbox"/> Chapter 30 (Montgomery GI Bill-Active Duty)	<input type="checkbox"/> Chapter 1606 (Montgomery GI Bill-Selected Reserve)		
<input type="checkbox"/> Chapter 31 (Vocational Rehabilitation & Employment)	<input type="checkbox"/> Chapter 1607 (REAP)		
<input type="checkbox"/> Chapter 33 (Post GI Bill)**	<input type="checkbox"/> Chapter 35 (Dependent Education Assistance)**		
**Tuition & fees must be posted on student's account before this form can be submitted.		**Indicate VA File No: _____	
Number of Credit Hours Requested to be Certified (If Applicable)		Have you previously attempted any of your current courses at ANY institution & received a grade? (Including "W")	
		<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, please list courses & grades	
Is this your final semester before graduation?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
By signing this form, i acknowledge that:			
<ul style="list-style-type: none"> - All of the above information is accurate & current. - Any changes to my course schedule (including Withdrawals or Leave of Absence) must be reported to the VA Certifying Official. - I am responsible for monitoring my benefit status using www.ebenefits.va.gov. - I am responsible for securing my classes by making a payment, using a payment plan, or selecting a deferment option, until the VA disburses funds to Baylor College of Medicine. 			
Signature: _____		Date: _____	

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the College collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the College correct information about you that is incorrect.