



WAYLAND

BAPTIST UNIVERSITY

Veterans Certification Request Form

Please indicate current term:

Fall_____ Winter_____ Spring_____ Summer_____ Hours Registered for: _____

Full -Time_____ Part -Time_____

Name: _____ SS: _____ Student ID # _____

Have you used VA benefits at WBU before? YES_____ NO_____

(If yes, you are done filling out this sheet! If No, Please continue.)

Please Note: If this is your first-time certifying with WBU please fill out the remainder of this sheet and submit the required Documentation for Certification: DD-214 and Certificate of Eligibility and Military Transcripts

Chapter: (based on information received in your Certificate of Eligibility letter sent from the VA)
Please check one

___30 Active duty ___31 Vocational Rehabilitation ___33 Post 9/11 ___ 33 TOE

___35 Dependent ___1606 Selective Service ___1607 REAP

Military Branch of Service: Please check one

___ Army ___ Navy ___ Air force ___ Marines ___ National Guard ___ Reserves

Please Fill in:

Degree Program: _____ Intended Major/Minor: _____

_____ Undergraduate _____ Graduate (Master's Program) _____ Teacher Certificate

The VA REQUIRES that you report to the VA Certifying Official IMMEDIATELY when you:

1. Register for classes (File class schedule at time of registration)
2. Drop/Add courses, or withdrawal from school
3. Change your degree
4. Change your address/ phone

Maria Rosales, VA Certifying Official Wayland Baptist University
KAFB 1900 Wyoming BLVD Albuquerque, NM 871100
Phone#505-262-9282 Fax # 505-262-1303 Email: maria.rosales@wbu.edu

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING!

I certify that the above statements are true, and I WILL NOTIFY this office of any changes, and that I am LEGALLY LIABLE and RESPONSIBLE for any over-payment(s) resulting from my negligence. I understand that it will take twelve weeks to process initial requests, and four weeks after the twelfth class day to receive payment for all requests thereafter.

Signature of Student

Date: _____

I verify that the above course(s) are required for graduation:

Signature of Advisor or Evaluator Title

Date: _____