

**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](mailto: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 (circle one)    **Fall**    **Spring**    **20**\_\_\_\_\_

STUDENT INFORMATION <i>(Please Print)</i>			
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 <i>(Please Print)</i>			
<b>Is this your first time requesting certification from Baylor College of Medicine?</b> <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>			
<b>Please Indicate Your School:</b> <input type="checkbox"/> Medical <input type="checkbox"/> Graduate <input type="checkbox"/> Health Professions <input type="checkbox"/> Resident/Fellow			
Primary Program		Secondary Program <i>(If Applicable)</i>	
<input type="checkbox"/> Check here if your program has changed since the last time you requested certification.			
<b>Which type of Educational Benefits are you receiving?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> <b>Chapter 30</b> <i>(Montgomery GI Bill-Active Duty)</i>  <input type="checkbox"/> <b>Chapter 31</b> <i>(Vocational Rehabilitation &amp; Employment)</i>  <input type="checkbox"/> <b>Chapter 33</b> <i>(Post GI Bill)</i> </div> <div style="width: 48%;"> <input type="checkbox"/> <b>Chapter 1606</b> <i>(Montgomery GI Bill-Selected Reserve)</i>  <input type="checkbox"/> <b>Chapter 1607</b> <i>(REAP)</i>  <input type="checkbox"/> <b>Chapter 35</b> <i>(Dependent Education Assistance)**</i>  <b>**Indicate VA File No:</b> _____                 </div> </div>			
<b>Number of Credit Hours Requested to be Certified</b> <i>(If Applicable)</i>		<b>Have you previously attempted any of your current courses at ANY institution &amp; received a grade? (Including "W")</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>If yes, please list courses &amp; grades below</i>	
<b>Is this your final semester before graduation?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		Course Number	Course Name
By signing this form, I acknowledge that: - 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 <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a> . - 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.			
<b>Signature:</b> _____		<b>Date:</b> _____	

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.