

**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 (Please Print)**

<b>Last Name</b>				<b>First Name</b>				<b>Middle Name</b>				<b>Suffix</b>			
<b>Current Mail Address</b>															
<b>City</b>						<b>State</b>						<b>Zip Code (12345-6789)</b>			
<b>Date of Birth (MM/DD/YYYY)</b>								<b>Telephone Number (123-456-7890)</b>							
<b>Email Address</b>															

**EDUCATIONAL BENEFITS INFORMATION (Please Print)**

**Is this your first time requesting certification from Baylor College of Medicine?**       **Yes\***       **No**  
*\*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: 22-1995 or 22-5495 AND certificate of eligibility)*

**Please Indicate Your School:**  
 **Medical**       **Graduate**       **Health Professions**       **Resident/Fellow**

**Primary Program** \_\_\_\_\_ **Secondary Program (If Applicable)** \_\_\_\_\_

**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"/> <b>Chapter 30</b> (Montgomery GI Bill-Active Duty)	<input type="checkbox"/> <b>Chapter 1606</b> (Montgomery GI Bill-Selected Reserve)
<input type="checkbox"/> <b>Chapter 31</b> (Vocational Rehabilitation & Employment)	<input type="checkbox"/> <b>Chapter 35</b> (Dependent Education Assistance)**
<input type="checkbox"/> <b>Chapter 33</b> (Post GI Bill)	<b>**Indicate VA File No:</b> _____

<b>Number of Credit Hours Requested to be Certified (If Applicable)</b>				<b>Have you previously attempted any of your current courses at ANY institution &amp; received a grade? (Including "W")</b>			
				<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes - If yes, please list courses &amp; grades below</b>			
<b>Is this your final semester before graduation?</b>				<b>Course Number</b>		<b>Course Name</b>	
<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>							

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.
- 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.
- Enrollment Certification requests must be submitted no later than thirty (30) calendar days from the start of the term. Requests submitted after this deadline will be submitted for the next eligible enrollment period. For students requesting enrollment certification from Baylor College of Medicine for the first time, the 30-day submission requirement will be applied beginning on the date that valid proof of eligibility is received and verified.

**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.