VA Certification of Enrollment Request Form (*CERF*)

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This form must be completed **EACH** semester you plan to use your VA Educational Benefits and **EACH** time your schedule changes during the same semester.

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Name: _____ Student ID: _____

Address (if changed): _____

Phone: _____ Term for Certification: _____ Revised CERF?

Program: _____ Student Level:

All courses certified must apply to your degree program per your catalog.

1. Benefit Type:

2. Have you previously used VA Educational Benefits?
3. Do you receive Tuition Assistance, scholarships, grants, and/or waivers? If yes, please explain below.

4. Will you graduate this semester?   *Check for "Yes"*
5. Would you like to request a deferment?   If yes, then please attach your VA Deferment Form with this request form.

Subject	Course Number	Course Title	Credit Hours	Course Start	Course End	*CH33 Only Location of Course Zip Code*

I have read and understand what is required of me and will comply with the procedures as indicated. I understand that an overpayment or underpayment must be handled immediately as failure to do so may affect payment by VA. I agree to notify the Veterans Affairs Office of any changes to my schedule within 30 days of the occurrence. I understand that I must provide the location and/or zip code of each course, and I verify them as true. Furthermore, I authorize the information furnished on this form to be released to the Veterans Administration Regional Office for Veterans Benefits.

Student Signature: _____ Date: _____

Program Director or Advisor Printed Name: _____ Signature: _____ Date: _____

Questions? Please contact your school certifying official at 901-448-7703 or visit our website https://www.uthsc.edu/veterans-affairs/ for more information.