Enrollment Verification for GI Bill Certification

**This form must be filled out completely or your certification will not be processed**

Please fill the form, print, and submit a signed copy **In Person** to the Veterans Resource Center.

SJSU ID: ________________________________
NAME: ________________________________
(Last, First)
EMAIL: ________________________________
CONTACT #: ________________________________
Veteran ☐ Spouse/Dependent ☐

Term you are enrolling in:
Year: _______________
Winter ☐ Spring ☐ Summer ☐ Fall ☐
Undergraduate ☐ Graduate ☐
Major: ________________________________
Concentration: ________________________________

Please NOTE: If you have less than 100% rating from the **GI Bill Educational Benefits**, you will have a balance that must be paid or classes will be dropped.

GI Bill Chapter you are using:
☐ 30 Montgomery GI Bill
☐ 31 Vocational Rehabilitation
☐ 33 Post-9/11 GI Bill
☐ 35 Dependant Education Assistance
☐ 1606 Selected Reserve
☐ 1607 Reserve Education Assistance
☐ TA Tuition Assistance

BRANCH OF SERVICE:
☐ AIR FORCE
☐ ARMY
☐ COAST GUARD
☐ MARINE CORPS
☐ NAVY

Course # | Course Title | Units | Session Dates
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On Campus Units: ________
Online Units: ________
Offsite Units/Hours: ________
Total Units: ________

* Zip Code

* You are required to enter the zip code of each course enrollment / internship / or practicum hours that you are attending this term.

I hereby certify that the information provided is true, correct, and complete. I acknowledge that any adjustments made to my class schedule after the submission of this form, I must notify the Veterans Resource Center.

Signature ________________________________ Date: _______________

Veterans Resource Center
San Jose State University
Student Union, Room 1500
408-924-8129

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