

VA Certification Renewal Request

SECTION A: STUDENT CONTACT INFORMATION

Full Name: _____ **Hornet ID:** _____
First MI Last Maiden

Mailing Address: _____
Street Apt. No. City State Zip Code

Phone Number: _____ Home () Cell () Work ()

Hornet Mail Address: _____ **Personal Email Address:** _____

SECTION B: ENROLLMENT DETAILS

Program of Study/Major: _____

Has this recently changed? _____ **If so, what semester did the change take place?** _____
Semester Year

What semester are you seeking enrollment certification? _____
Semester Year

How many credit hours are you registered for? _____

SECTION B: VA DETAILS

VA Chapter Number: _____ **Are you currently on active duty?** _____

By signing and submitting this form, you are acknowledging that you understand the following:

- I am required to contact Harris-Stowe State University's Certifying Official within 10 days of any changes to my enrollment status either in person or by email at FinancialAssistance@hssu.edu.
- I am required to notify HSSU's Certifying Official if and when I have changed my degree program, and that I am required to submit a Degree Audit from the Office of Academic Success when I am either initially requesting to receive VA benefits at HSSU or when I have changed my degree program.
- I understand that my VA Certification will not include any courses that I have previously taken and passed; that my transcripts will be evaluated by HSSU's Certifying Official prior to certification of enrollment being submitted.
- I understand that my VA benefit eligibility is contingent upon remaining in compliance with HSSU's Satisfactory Academic Progress (SAP) policies and that I must maintain a minimum cumulative GPA of 2.0 and pass at least 66% of all of my attempted courses.

Student Signature: _____ **Last 4 Digits of SSN:** _____ **Date:** _____