VA Education Benefit Request Texas Tech University Health Sciences Center 3601 4th Street MS 8310, Lubbock, Texas, 79430

(806)743-2300 (main) ~ (806)743-3027 (fax) ~ va@ttuhsc.edu

1		R#:
Last Name	First Name	
2. Chapter: 30 31 3	3 35 1606 1607	
3. Are you chapter 33, Post 9/11 GI I a. What is your current perc		
•	•	ng?MonthsDays
I. Do you qualify for the Texas Hazlo		No
a. If yes, do you want to use	Hazlewood this term? Yes	No n the State of Texas Hazlewood Exemption form
5. Address:		
City		
State	Zip	
5. Cell Phone #: <i>A</i>	Alternate Phone #:	_ Email:
. List hours enrolled: 7	Perm Enrolled: Fall Spring	Summer I Summer II Year:
3. Current School (Medicine, Pharma	ıcy, etc.):	
. Current Program:		
0. Are you on Active Duty?	es No	
1. Has your degree plan been receiv	ed by TTUHSC Veteran's Affairs?	Yes No
2. Have you changed your degree si a. If yes, have you filled out		No Yes No
J 1 C	Ves No	
4. Are you taking classes at another a. If yes, have you filled out	college with TTUHSC being your p a Parent Institution Letter checklist	
G		T. 1. 2. D.
Signature		Today's Date

IMPORTANT: I am enrolled, or plan to enroll at TTUHSC in the term listed above, and understand that I am being processed according to information provided above. I request to be certified to the Department of Veterans Affairs for education benefits. I fully understand that the DVA can pay education benefits only for courses that are required for my degree. If for any reason it becomes necessary for me to withdraw from the University, or drop a class, I will notify the TTUHSC Veterans Affairs office immediately. I understand it is also my responsibility to notify the TTUHSC VA office if a change has been made to my benefit status, otherwise, how originally submitted will stand. Payment of benefits is based on "pursuit" "not enrollment". If the TTUHSC VA office receives notice that you are not attending class, we are authorized to notify the Department of Veterans Affairs to reduce or terminate your benefits.