

VETERANS AFFAIRS YELLOW CARD

DATE:

TCU ID:

LAST NAME:

FIRST NAME:

ADDRESS:

TELEPHONE:

FIRST SEMESTER AT TCU:

E-MAIL

STATUS:

VETERAN

DEPENDENT

ACTIVE DUTY (SERVICEMEMBER OR SPOUSE)

STUDENT STATUS:

NEW

TRANSFER

CONTINUING

CHAPTER NUMBER:

PERCENT OF BENEFITS:

**applies to Ch. 33 ONLY*

CAREER:

UNDERGRADUATE

GRADUATE

MAJOR:

DEGREE:

SEMESTER:

FALL

HOURS ENROLLED:

SPRING

SUMMER

WINTER SESSION

SEMESTER BEGIN DATE:

SEMESTER END DATE:

AMOUNT OF BENEFITS REMAINING:

MONTHS:

DAYS:

IF THE AMOUNT OF BENEFITS REMAINING IS NOT COMPLETED, YOUR CERTIFICATION WILL NOT BE PROCESSED. PLEASE LOG ON TO eBENEFITS.VA.GOV OR CONTACT THE VA AT 1-888-442-4551 FOR BENEFIT INFO.

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AUTHORIZE THE VA CERTIFYING OFFICIAL AT TEXAS CHRISITAN UNIVERSITY TO FURTHER PROCESS MY CERTIFICATION BASED ON THE INFORMATION PROVIDED.

PLEASE SELECT:

YES

NO