

## UNMC VA Benefits Certification Form

University of Nebraska Medical Center<sup>--</sup> BREAKTHROUGHS FOR LIFE<sup>+</sup>

Please provide your <u>Nl</u>	<u>J ID</u> . Do not use your SSN in th	e VA File Number box.				
NU ID	Last Name*	Last Name*		First Name*		
To ensure that we prov	cess your VA Benefits correctly	we would like for you to c		inated enrollm	ent for Fall S	
	A Benefits will be processed on					pring, and
VA Benefits to be used*						
Please indicate if you are Tuition Assistance, State	receiving any additional VA bene Waiver, etc.*	fits e.g.				
Military Status, e.g. active duty, spouse, dependent, etc. *						
Please indicate which t	term(s) you would like to certif	y your VA education benef	its:			
Fall 2025*					Yes	No
Spring 2026*					Yes	No
Summer 2026*					Yes	No
		ADDITIONAL INSTRUCTION	ONS			
l understand:						
<ul> <li>If my enrollment</li> </ul>	changes for any semester, I an	n required to contact your c	office so you can o	certify those cha	anges.	
<ul> <li>If there are change all changes to yo</li> </ul>	ges to my eligibility (i.e., exhau ur office.	st Chapter 30 benefits and i	now need to appl	y for Chapter 3	3 benefits), l v	will submit
• If I used my bene	fits at another institution, I am	required to submit the Cha	ange of Program	or Place of Train	ning Form to	your office.
<ul> <li>I am required to</li> </ul>	provide proof of VA Education	Benefits (Letter of Certifica	ate of Eligibility) to	o your office.		
• This form is for th	ne 2025/2026 academic year o	nly.				
	e information I have provided a mitting it to the UNMC Office of		my knowledge. I u	nderstand I mus	t print then p	hysically sign
Signature			 Date			

Contact Information: UNMC Financial Aid 984265 Nebraska Medical Center Omaha, Ne 68198-4265 402-559-4199

Page 1 of 1