

SAM HOUSTON STATE UNIVERSITY
Box 2284 Huntsville, TX 77341-2284
(936)294-1046 Fax: (936)294-4921
veterans@shsu.edu

VAREQUESTFORPRIMARINSTITUTIONLETTER

1. Name _____ 2. SAM ID _____

3. Phone number: _____

4. Address _____ City, State, Zip _____

SHSU Email Address: _____

NOTE: All Email correspondence is sent to your SHSU Email Address

5. I will receive benefits: _____ Veteran (Chapter 30) _____ Reservist (Chapter 1606) _____ REAR (1607)

_____ Active Duty Military (Chapter 30) _____ Dependent (Chapter 35)

_____ Post 9/11 Veteran (Chapter 33) _____ % _____ Post 9/11 Dependent (Chapter 33) _____ %

_____ Dependent (Chapter 35) VA File Number _____
Chapter (35) Suffix Letter)

_____ Is this a change of Degree or Major/Minor? Yes _____ No _____

7. Where/When did you last receive VA educational benefits including SHSU? School _____ Semester _____

8. Name of Requested Institution: _____

9. VA Certifying Official at Requested Institution: _____

10. Phone Number: _____

11. Email Address: _____

Course Name and Number at Other Institution

Equivalent Course Name and Number at SHSU

***** COPY OF YOUR OFFICIAL CLASS SCHEDULE