

SAM HOUSTON STATE UNIVERSITY  
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### VAREQUESTFORPRIMARMINSTITUTIONLETTER

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 as: \_\_\_\_\_ 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