VA Education Benefits Clock Hour Verification Form

The purpose of this form is to verify the amount of required clock hours for a nontraditional education program in order to certify a veteran student for United States Department of Veterans Affairs (VA) education benefits. The VA defines clock hours as practical training, advance professional training such as medical residencies, and vocational/technical programs. If a program is measured in clock hours, benefits are paid based on clock hours of attendance per week. The beginning date, ending date, and number of clock hours a student is scheduled to attend each week must be reported. Full-time measurement is 18 clock hours if classroom instruction predominates and 22 clock hours if shop practice predominates.

Student Last Name: ____________________________  Student First Name: ____________________________________

Student ID: ____________________________  VA File # (SSN): ____________________________

Street Address: ____________________________________________________________  Unit #: __________

City: __________________________________________  State: ________  Zip: __________

Phone #: ____________________________  Email: ____________________________

Benefit Chapter: (Circle One)

Chapter 30 - Montgomery GI Bill  Chapter 35 - Survivors/Dependents Education Program

Chapter 31 - Vocational Rehabilitation  Chapter 1606 - Reserve/National Guard GI Bill

Chapter 33 - Post 9/11 GI Bill

Major/Field of Study: ______________________________________________________________________________

(Example: Doctor of Medicine)

Experiential Training Program: (Circle One)

Residency  Fellowship  Other (Please Specify): ____________________________________________________________

Training Begin Date (MM/DD/YY): _____/_____/_____  Training End Date (MM/DD/YY): _____/_____/_____  

Number of clock hours PER WEEK scheduled/completed for the above training period: ____________

(Per the VA, averaging hours over a semester is not allowed. Varying weekly hours must be submitted on separate forms with weeks starting Sunday and ending Saturday.)

_______________________________________  ___________________  _______________________

Academic Advisor or Department Head (Print)  Department  Phone

_______________________________________  ___________________

Academic Advisor or Department Head (Sign)  Date

_______________________________________  ___________________

Student Signature  Date

Return completed form to CU Denver Veteran & Military Student Services via email to vmss@ucdenver.edu.

Thank you.

Updated 02.10.2017