



# VA Request for Certification

## 453.32

**Instructions:** This form is to be used by undergraduate or graduate students who wish to request to be certified to receive military benefits during a specified semester or term. Please print and return completed form with all signatures to the Registrar's office.

Please Print Clearly

Full Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ VA File no. (Ch. 35 only): \_\_\_\_\_

Are you:  Veteran  Active Duty  Dependent Spouse  Dependent Child

### Veterans Benefit Programs:

- CH. 30 (MGIB)       CH. 32 (Post Vietnam)       CH. 35 (DEA)  
 CH. 31 (Voc Rehab)       CH. 33 (Post 9/11) \_\_\_\_\_ %       CH. 1606 (Reserve)

Term for which you wish to be certified (ex. FA-15, SP-16): \_\_\_\_\_

Total Hours for which you wish to be certified: \_\_\_\_\_

(Please note that you cannot receive military benefits for courses that are not required for your degree program. Please contact VACO if you need to retake a course previously failed.)

### Required Signature:

Student: \_\_\_\_\_

Signature

Date