



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