

Midland College Veteran's Request for Certification

- I am eligible to receive VA education benefits and request that my enrollment for this term be certified with the Veteran's Administration.
- I understand that only courses which are listed on my declared Midland College degree plan can be certified.
- I am not repeating any courses previously taken & completed except as permitted by VA regulation.
- I will notify the MC VA office of **any** changes to my enrollment, address, status or degree plan.
- I assume **full** responsibility for payment to MC or the VA should an over-payment occur as a result of this certification. Any balance due on my student account must be paid before the end of this term.
- **Chapter 33 certifications cannot be submitted to the VA until after the first class day to ensure accuracy of tuition & fees.**

Full Name _____ SID _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ ****I understand that all communication regarding my VA benefits will be sent to the e-mail address provided. If none is provided, my official MC e-mail address will be used.****

Term being certified: Fall Winter Interim Spring Spring Interim Summer I Summer II _____
(Year)

Declared degree plan: AA AS AAS CC BAT Area of emphasis: _____
Is this a change of degree plan? Yes No

Are you currently on active duty? _____

Are you receiving military TA for this term? _____

Check the benefit you are currently using:

- | | |
|---|---|
| <input type="checkbox"/> 30 – Montgomery GI Bill | <input type="checkbox"/> 33 – Post 9/11 GI Bill (Eligibility % _____) |
| <input type="checkbox"/> 31 – Vocational Rehabilitation | <input type="checkbox"/> 1606 – Selected Reserve/National Guard |
| <input type="checkbox"/> 35 – Survivors & Dependents Assistance | <input type="checkbox"/> 1607 – Reserve Educ. Assistance Program |

Check the appropriate status box:

- New Student:** This is the first school where you have used VA education benefits.
- Continuing Student:** Received benefits at this school last semester.
- Transfer Student:** Used benefits at another school. (Must submit Change of Program form)
- Guest Student:** Receiving degree & being certified at another school. (Must submit Parent Institution Letter)

Courses to be certified:

<u>Course Identifier</u>	<u>Credit Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have read and understand my responsibilities and agree to comply with the above. All information provided on this form is true and correct.

Signature _____ Date _____