REQUEST FOR CERTIFICATION

TERM _____ ID#_____

NAME _____ SSN _____

MGIB CH _____ DEGREE PLAN _____

ACTIVE DUTY? _____ ADDRESS CHANGE? _____

I request VA certification for the term listed above. **I understand that I will only receive VA payment for classes which are listed on my declared Midland College degree plan**. I further understand that I will report **any** changes in my class schedule to the VA Coordinator.

SIGNATURE _____

Complete below or attach schedule:

COURSE NUMBER	CREDIT HOURS