



Request for VA Certification

Semester/Term _____

Name _____ SSN _____

Street Address _____

City/State/Zip _____

Student ID Number _____ Phone Number _____

CHECK THE VA EDUCATIONAL BENEFIT YOU ARE CLAIMING

- Chapter 30 (*Montgomery GI Bill*) Chapter 31 (*Vocational Rehabilitation*)
- Chapter 33 (*Post 9/11 GI Bill*) Chapter 35 (*Survivor/Dependent DEA*)
- Chapter 1606 (*Selected Reserve*) Chapter 1607 (*REAP*)

CHECK YES OR NO TO THE FOLLOWING QUESTIONS

- | Yes | No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Are you currently active duty military? |
| <input type="radio"/> | <input type="radio"/> | Are you concurrently enrolled at another school? |
| | | If Yes: Other school: _____ |
| | | Parent School: <input type="radio"/> Mesalands <input type="radio"/> Other |

Degree/Major: _____ Is this a new major? Yes No

Please INITIAL in the space provided after reading each of the following:

- _____ I must provide a copy of my VA Certificate of Eligibility to the VA School Certifying Official.
- _____ I must provide official transcripts from all colleges that I have previously attended to the Student Affairs Office.
- _____ I must request a Military Transcript and/or hereby authorize the School Certifying Official to request on my behalf.
- _____ I must have a major declared with Student Affairs Office, if I change my major I must notify the VA School Certifying Official. Only courses on my degree plan will be certified for VA benefits.
- _____ EACH TERM I must submit a Request for VA Certification, signed by my Academic Advisor and the VA School Certifying Official.
- _____ I must report any changes in my enrollment to the VA School Certifying Official and I acknowledge that I may be responsible for charges that these changes incur.
- _____ I understand that I must make satisfactory academic progress toward graduation per the Mesalands Community College Catalog in order to remain eligible for VA benefits.

_____ Unsatisfactory attendance on my part will be reported to VA and I will be responsible for any overpayments incurred. If I am Chapter 30, 1606, 1607 or VRAP I must verify my continued enrollment at the end of each month at <http://www.gibill.va.gov/wave>

_____ I understand that all correspondence from the VA Certifying Official at Mesalands Community College will be via my Mesalands student email.

By signing below, I affirm that I have read, understand, and will abide by the information above and that only classes listed on this form will be certified for VA benefits.

Student Signature: _____ **Date:** _____

ADMINISTRATIVE USE ONLY:

Residency: _____

Hours	Full Term			First 8 Weeks			Second 8 Weeks			Total
	Resident	Distance	Remedial	Resident	Distance	Remedial	Resident	Distance	Remedial	
Tuition & Fees	\$			\$			\$			\$

PRIOR TRAINING

College Transcripts: Received Evaluated

Joint Services Transcripts Received Evaluated

MAJOR: _____

Effective: _____

VAOnce updated: _____