



VETERANS REQUEST FOR CERTIFICATION

Please return this form to the Morehead State University Veterans Certifying Official by e-mail to s.craill@moreheadstate.edu, Mail to 201 Ginger Hall Morehead, KY 40351, or fax to 606-783-9103.

I plan to attend Morehead State University for the academic term indicated below and request that my enrollment be certified with the Veterans Administration. I understand that filling out this form does not automatically certify me for V.A. benefits. Courses must qualify under V.A. guidelines. (Refer to www.gibill.va.gov for any questions.) I also understand that all communication regarding this request for certification will be sent to my official MSU e-mail address.

Name _____ Student ID or SS# _____

Address _____ City _____ State _____ Zip _____

Phone(home) _____ (cell) _____

MY VETERANS STATUS IS: (please check the appropriate category)

- | | |
|---|--|
| <input type="checkbox"/> Ch. 33- Post 9/11 G.I. Bill | <input type="checkbox"/> Ch. 1606- Selected Reserve/National Guard |
| <input type="checkbox"/> Ch. 30- Montgomery G.I. Bill | <input type="checkbox"/> Ch. 1607- Reserve Educ. Assist. Program |
| <input type="checkbox"/> Ch. 35 Survivors & Dependent Assist. | <input type="checkbox"/> Ch. 31- Vocational Rehabilitation |

***Chapter 35 ONLY- V.A. file number of the Veteran that you are receiving benefits from _____

Are you currently serving active duty? Yes No

Degree you are pursuing Associate Bachelor Masters

What is your major _____ What semester will you start _____

Have you recently changed majors Yes No * (If yes, you need to fill out form 22-1995)

Please check a location: Morehead Campus Extended Campus _____ Internet

Are you a full time student Yes No *12 or more hours is considered full time*

I understand that I must be registered for classes before my enrollment can be certified with V.A. It is my responsibility as a student receiving V.A. benefits to notify the Morehead State University Certifying Official if any changes are made to my class schedule. I will notify the certifying official if I add or drop a class, withdraw from class, or stop attending any class. I also understand that I must make satisfactory progress toward my educational goal and that the school will report to V.A. any changes in my enrollment status or lack of academic progress.

Signature _____ Date ____/____/____