

**Office of Veteran Affairs
Murray State University**

**Certification Request
Form**

(Chapters 30, 31, 33, 35, 1606, 1607)

IMPORTANT: No further enrollments may be certified unless this form is completed and submitted as required.

INSTRUCTIONS: This is a form to be used by the servicepersons, veterans, reservists, and dependents to request certification for the US Department of Veteran Affairs education benefits. Before completing this form, carefully read all of the information found in the appropriate Summary of Education Benefits. As a part of your participation in this program, the MSU Veterans Affairs Office is required to report grades, etc. to the US Dept of Veterans Affairs.

PART I - APPLICANT

1. NAME OF APPLICANT (last, first, middle initial)

2. Chapter (check ONLY one):

- 30 Montgomery GI
 1606/1607 National Guard/ Reserve
 35 Dependent Educational Assistance
 31 Vocational Rehab
 33 Post 9/11

3. CURRENT MAILING ADDRESS:

4. M NUMBER:

5. SSN or VA File number (CH 35)

PHONE NUMBER:

6. MAJOR(S):

7. MINOR(S):

EMAIL:

8. CONCENTRATIONS:

PART II – ENROLLMENT DATA

10. CERTIFICATION is requested for: FALL SPRING Full SUMMER SUMMER I SUMMER II
 Winter YEAR _____

11. Are you taking classes at another institution during the same semester that you are requesting certification? Yes No

If yes, which institution are you attending and which school will be your primary school?

Attending: _____

Primary School: _____

12. If you are receiving Chapter 33, Post 9/11 benefits, have you enrolled in the MSU VA payment plan as required through MyGate?
 Yes No

13. Are you planning to graduate at the end of this semester? Yes No

14. Are you receiving Financial Aid Yes No

You must attach a copy of your current schedule from all schools you are attending this semester to this form.

Signature: _____

Date: _____