

**Office of Veteran Affairs  
Murray State University**

**Certification Request  
Form**

(Chapters 30, 31, 32, 33, 34, 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.

**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 Assistant
- 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  
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. Do you want to receive interval (break pay)?  Yes  No

**You must attach a copy of your current schedule to  
this form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_