Michigan State University Office of the Registrar **Authorization for VA Certification**

st Name:	First Name	:	Middle Initial:
cial Security Number:_		MSU PID:	
ddress:			
ty:		State:	ZIP Code:
elephone Number:		MSU Email:	@msu.edu
egree Program:		Currently Active Duty	Military? Yes No
ave you applied for edu	cation benefits with the VA? Yes	No	
ave you used your bene	efits at another institution? Yes	No	
Please select the be Chapter 1606	nefit being utilized: Montgomery GI Bill – Selected Res	serves	
Chapter 1607	Reserve Educational Assistance Pro		
Chapter 30	Montgomery GI Bill – Active Duty		
Chapter 31	Vocational Rehabilitation	Name of VA Counselor	
Chapter 33	Post-9/11 GI Bill Service	Member Depend	dent% of Benefi
Chapter 35	Survivors' & Dependents' Assistan	ce – Service Member Name_	
	VA File Number	Service Member SSN:	
•	aid that is tuition specific below. (Exa owship, MSU Faculty/Staff course fee o	•	tance, Graduate

- Enrollment in an unauthorized repeat course(s) will not be certified with the VA.
- It is my responsibly to promptly notify the Veteran Certification Office of any registration changes. Any reduction or termination of my enrollment may create a debt with the VA.
- I understand that MSU certifies enrollment based on course dates.
- I understand that any unofficial withdrawal prior to the end of the term resulting in a 0.0 grade will be reported to the VA with the last date of attendance.
- I understand that I must report any federal tuition assistance or other aid to the Veteran Certification Office.

My signature below confirms that I agree to abide to the guidelines printed above, and have been provided with MSU's VA Enrollment Guidelines. Signature Date

Submit completed form to the Veteran Certification Office, Hannah Administration Building, 426 Auditorium Road, Room 150, East Lansing MI 48824, fax (517) 432-3347, telephone (517) 355-5032