Michigan State University Office of the Registrar Veteran Enrollment Certification Request

Last Name:	First Name:_		Middle	!Initial د
Social Security Number:_		MSU PID:		
Address:		State:	ZIP Code	2:
Local Telephone Number:		MSU Email:		@msu.edu
Degree Program:		Currently Active Duty N	Military? Yes No	
<u>Please check GI Bill</u>	benefit:			
Chapter 1606	Montgomery GI Bill – Selected Reser	rves		
Chapter 1607	Reserve Educational Assistance Prog	ram (REAP)		
Chapter 30	Montgomery GI Bill – Active Duty			
Chapter 31	Vocational Rehabilitation Na	ame of VA Counselor		
Chapter 33	Post-9/11 GI Bill Service M	lember Depende	ent	% of Benefit
Chapter 35	Survivors' & Dependents' Assistance	– Service Member Name		
	VA File Number	Service Member SSN:		
 program. Enrollment in an It is my responsil reduction or terr I understand that to the end of the 	unauthorized repeat course(s) will not obly to promptly notify the Veteran Certify mination of my enrollment may create at MSU certifies enrollment based on courterm resulting in a 0.0 grade will be reput I must report any federal tuition assis	be certified with the VA. Fication Office of any registral debt with the VA. Burse dates attendance. Any uport to the VA with the last d	tion change nofficial wit ate of atten	es. Any thdrawal prior idance.
My signature below conf MSU's VA Enrollment Gu	irms that I agree to abide to the guidelir idelines.	nes printed above, and have	been provic	led with
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