



Martin University

Veteran's Request for Certification Form

Please return this form to the Martin University's Veterans Certifying Official at your campus.

I plan to attend Martin University for the academic term indicated below, and request that my enrollment be certified with the Veteran's Certifying Official. I understand that filling this form out does not automatically certify me for VA benefits.

Name _____ Student ID _____

Address _____

City _____ State _____ Zip _____

Phone(cell) _____

My VETERAN STATUS IS: (Please check the appropriate category)

CH. 30 – Montgomery G. I. Bill CH. 1606 – Selected Reserve/ National Guard

CH. 31 – Vocational Rehabilitation

CH. 35 – Survivors & Dependents Assistance

CH. 33 – Post 9/11 GI Bill® CH. 33 – Post 9/11 GI Bill® (Spouse/Dependent)

VA Counselor's Name: _____

VA Counselor's Email: _____

VA Counselor's Phone Number: _____

Degree you are pursuing (please circle one): Bachelor's Degree Master's Degree

Major: _____

Please Check Term: Fall Term Spring Term Summer Term

Are you anticipating any form (s) of federal funding, scholarships, fellowships for this term:

Yes NO

If yes, funding source: _____ (Federal include PELL, Direct Loans)

I understand that before the enrollment certification, I am responsible for:

- Submitting a copy of 22-DD214 and Certificate of Eligibility (COE) to Martin University's School Certifying Official (SCO)
- Informing the SCO of any changes in my schedule(add/drop)
- Attending all my classes. If I completely stop attending any of my classes, I must formally withdraw by following Martin University's withdrawal process and notifying Martin University's SCO.
- Payment of any debt that may be incurred due to changes in my enrollment.

Please plan accordingly for the possibility of delayed payments

Be aware that due to the large number of people using the GI Bill® benefits, the VA processing of education benefits may take some time. The SCO is not part of the Department of Veterans Affairs and does not determine when the VA will issue payments for benefits.

I understand that it is my responsibility to ensure that all the necessary steps are taken to receive VA Educational Benefits.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Certifying Official: _____ Date: _____