



Application for Certification of VA Education Benefits

Purpose: Used by students who desire to use Federal Veterans Education Benefits for the term indicated.

Student Instructions:

1. Register for courses in CheckMarq, complete one form for each term.
2. Complete Sections 1, 2 & 3 of this form using a computer.
 - a. a **handwritten form will not be accepted.**
 - b. an incomplete form will not be processed and will be returned to you for completion.
3. Print the form using the 'Print Form' button.
4. Sign the form in Section 4; a digital signature is **not** acceptable.
5. Submit the completed form via one of the methods listed at the bottom of this form.

NOTE: You **must** be registered for courses before enrollment can be reported to the VA. In order to ensure that you receive the appropriate benefit, it is **your** responsibility to inform the School Certifying Official if you modify your enrollment **after** submitting this form. **You** are responsible for any debt assessed due to a change in your enrollment status.

Section 1: Student Information

Name
Last name, First name Middle name _____

Address
street, city, state, zip code
The VA will use this address for all correspondence or payments not issued by EFT _____

MUID _____ SSN _____ VA File Number
(Chapter 35 claimants ONLY) _____

MU Email Address _____@marquette.edu Phone _____

Section 2: Term Information

Term for which you desire to use your benefit (check one) Fall _____ Year J-Session _____ Year Spring _____ Year Summer _____ Year
NOTE: You **must** be registered for courses.

Degree Plan (BA, BS, MA, MS, Ph.D., etc.) _____ Major _____

Did you change your College or Major? Yes No
NOTE: if yes, you must complete a VA Form 22-1995 and attach it to this form

Are you enrolled in a Distance Learning (online) course(s) this term? Yes No

Are you repeating a course(s) this term? Yes No

Are you enrolled in any course(s) not meeting on Marquette's main campus?
e.g. practicum, clinical, student teaching, internship Yes No
if yes, **work with your college/school** and enter location, full address and zip code below for each course not meeting on Marquette's main campus if no proceed to Section 3

Subject & Course Number	Location	Full address	zip code
Subject & Course Number	Location	Full address	zip code
Subject & Course Number	Location	Full address	zip code
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Section 3: Benefit Information

V.A. Educational Program for which you were awarded benefit (select one):

- Montgomery GI Bill (Ch 30)
- Vocational Rehabilitation (Ch 31)
- VEAP (Ch 32)
- Post 9/11 GI Bill (Ch 33)
- Post 9/11 GI Bill Yellow Ribbon Program (Ch 33)
- Post 9/11 GI Bill Transfer of Entitlement (Ch 33)
- Post 9/11 GI Bill Transfer of Entitlement Yellow Ribbon Program (Ch 33)
- Survivors' and Dependents (Ch 35)
- Montgomery GI Bill Selected Reserve (Ch 1606) (You are currently in Reserves or National Guard)
- Montgomery GI Bill Selected Reserve (Ch 1607) (You were activated after September 11, 2001)

Are you currently on Active Military Duty? Yes No

If you will be receiving Ch. 1606 or Ch. 1607 Benefits, are you Reservist National Guard Unit: _____

Are you receiving an Educational Bonus (Kicker or Enhanced Payment)? Yes No

Have you used your VA benefit at another institution? Yes No
NOTE: if yes, you must complete a VA Form 22-1995 and attach to this form

List other Academic Institutions attended: _____

Have you requested that an AARTS/SMART Transcript be sent to Marquette for evaluation of Military Experience for Academic Credit? Yes No

Section 4: Student statement/signature

I understand that if I modify my schedule or repeat a course after submitting this form that it is my responsibility to inform the Veterans' Certifying Official in Marquette Central. I am also aware that I will be responsible for any debt assessed due to a change in enrollment status.

Signature _____ Date _____