

## GI BILL CERTIFICATION REQUEST FORM

*Fill this form out completely and submit via fax, email or in person to the contact information noted above.*

NAME (Last, First)	STUDENT ID
PHONE NUMBER	EMAIL ADDRESS
<b>Macomb Academic Program:</b> _____ <i>(Required)</i>	

**Military Information**

**Your Military Status:** *(check all that apply)*

Active Duty  
  Reservist  
  National Guard  
  Veteran  
  Dependent  
  None

VETERAN'S BRANCH \_\_\_\_\_ VETERAN'S RANK \_\_\_\_\_

**Benefit Chapter:**  
 MGIB (Ch. 30)  
 Post 9/11 (Ch. 33)  
 Post 9/11–Transfer of Benefits (Ch. 33)  
 Fry Scholarship (Ch. 33)  
 Dependent Education Assistance (Ch. 35; VA CLAIM # \_\_\_\_\_)  
 GI Bill Selected Reserve (Ch. 1606)  
 Vocational Rehabilitation (Ch. 31 Case Manager's Name: \_\_\_\_\_)

**Check all that Apply:**

- My program has changed since I last used benefits at MCC.
- I used my GI Bill before and this is my first time using it at MCC.
- I am repeating courses this semester.
- I am registered in courses that are not listed on my program plan.
- I am earning my degree from another college. (Guest Student Only)

COLLEGE: \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_

**Select Semester:**

- Fall 20 \_\_\_\_  
  Winter 20 \_\_\_\_  
  Spring/Summer 20 \_\_\_\_

**\*Payment Extension Notes:**

- Payment due dates extended until the week before registration begins for the subsequent semester.
- Courses are granted an extension when this form is received *ON* or *BEFORE* the course payment due date.
- Pay remaining balance one week before registration starts for the next semester.
- You will receive periodic payment reminders until your balance is paid.
- Refunds will be used to reduce or pay off school debt.

**List Registered Courses for Certification:**

COURSE (e.g.HIST 1234)	CREDIT HOURS

COURSE (con't.)	CREDIT HOURS

**Important Notes:**

- Visit: [www.macomb.edu/veterans](http://www.macomb.edu/veterans) for the **GI Bill® Student Responsibilities**.
- Only courses required for graduation can be reported to VA for your benefit payments.
  - Non-attendance (i.e. "NS", "W", or "E" grades) will affect your benefits.
  - After you add or drop a class, notify our office.

**Terms and Conditions:**

By signing this form, I am requesting certification for VA Educational Benefits for the courses listed above in the semester indicated. I have read and understand the *Important Notes* listed above, as well as the *GI Bill Student Responsibilities* and the *payment date extension* information listed on the website or at VMS. I further understand that changes to my schedule could put me in a debt situation with VA or MCC. Regardless of anticipated benefit payments, I accept responsibility for my balance as agreed to the **terms and conditions** at the time of registration. I certify all information provided is correct and true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_