

Middlesex County College Veteran's Certification Request Form

Instructions: This form must be submitted for each semester you wish to receive VA benefits. After you have registered for classes, please complete, sign and return this form to the Office of the Registrar, in Chambers Hall.

Name:	MCC ID #:	Is this a new address? YES _____ NO _____
Address:	State: Zip:	
Home Phone:	Cell:	
Email Address:		

TERM: _____ MAJOR: _____

Is this the first time you are using your VA benefits at MCC? Yes _____ No _____

Have you used your VA benefits at any other school? Yes _____ No _____

Check VA Education Benefits program:

_____ Chapter 33 Post 9/11 GI Bill*

*IMPORTANT: Have you submitted your Certificate of Eligibility? Yes _____ No _____

If no, please submit as soon as possible to protect your schedule from cancellation for non-payment.

_____ Chapter 30 Montgomery GI Bill

_____ Chapter 31 Vocational Rehabilitation

_____ Chapter 1606 Selected Reserve

_____ Chapter 1607 REAP

_____ Chapter 35 Survivors and Dependents

Office Use Only

COURSE #	SECTION	COURSE NAME	CREDITS	SECTION START DATE

The completion of this form authorizes the Veteran's School Certifying Official to certify my enrollment and provide academic record information to the Department of Veterans Affairs. I understand that I must complete this form each semester to receive benefits. **It is my responsibility to notify the Veterans School Certifying Official if I add or drop any courses, withdraw from the College, change my major, or have any other changes in my enrollment status or registration.** I may do this through a CampusCruiser email to: SDhanda@middlesexcc.edu.

Signature: _____ Date: _____