VA Education Benefits Request for Certification



Submit to:

Office of the Registrar - Veterans Services
900 N. Portland Ave • Oklahoma City, OK 73107
405.945.8692 okc.va@okstate.edu
www.osuokc.edu/veterans

The Department of Veterans Affairs requires OSU-OKC to certify courses for students receiving VA Education Benefits. A certification request must be completed and submitted to the Veterans Services office each term a student is enrolled. Failure to provide requested information can lead to delays in processing your certification and payment of your benefits.

| Select Term: F | Fall | Spring | Summer | Othe | er | Year: 20 | | | |
|----------------------|-------|------------|------------|--------|--|-----------------|---------|-------------------|--|
| _ast Name | | First Name | | | Student ID Number (CWID) If your mailing address has changed, update below: | | | | |
| Email Address | | | Phone Numb | ber | | | | | |
| Major | | | | | City, S | ST, Zip Code | | | |
| Are you Active Milit | tary: | Yes | No | Are yo | u receiving a | Tuition Waiver: | Yes | No | |
| Select Benefit Type |): | Chapter 30 | Chapter | 31 | Chapter 33 | Chapter 35 | Chapter | ⁻ 1606 | |
| | | | | • | | | | | |

Certify all courses for term. Completing the chart is not required. Proceed to sign and date.

| CRN | Course Subject & Number | Credit Hours | Course Title |
|-----------------------|----------------------------|-----------------|----------------|
| Example: 12345 | ENGL 1113 | 3 | English Comp I |
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- It is your responsibility to report any changes in enrollment (adds / drops / change of major) to the Veterans Services Office either by email from your OKSTATE email account to okc.va@okstate.edu or by completing and submitting a new Request for Certification form.
- Only courses or prerequisites which are required for your degree or program will be submitted to the VA for payment of benefits.
- If you are not approved for education benefits, your <u>courses must be dropped before the end of the refund</u> <u>period</u> or you will be responsible for the charges on your Business Services Account after the refund period.

I acknowledge that all information provided on this form is correct.

Digital Signature If not signing digitally, type your full name or sign on the line above

Certify the courses listed on the chart below.

Date

Choose One: