



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
Used by the VA for all correspondence or payments not issued by EFT _____

MUID _____ SSN _____

MU Email Address _____@marquette.edu Phone _____

Currently on Active Military Duty? Yes No

I acknowledge that as a Veteran or Active Duty Service member, I may request a transcript for evaluation through the [Joint Service Transcript \(JST\)](#) or [Community College of the Air Force \(CCAF\)](#) portal

Section 2: Benefit Information

VA Educational Program for which you were awarded benefit (select one):
Claimants using benefit at Marquette for the first time must provide Certificate of Eligibility, latest Award Letter or EBenefits Education Enrollment Status Entitlement Information page.

Montgomery GI Bill® (Ch 30)
 I acknowledge the requirement to certify enrollment telephonically (1-877-823-2378) or online with [WAVE](#) at the end of each month during the term.

Post 9/11 GI Bill® (Ch 33)
 I acknowledge the requirement to certify enrollment telephonically or online with the VA at the end of each month during the term.
 I acknowledge that I have called the Education Call Center (1-888-442-4551) to provide the VA with my mobile number and/or email address.
 Transfer of Entitlement (Ch 33) *Education benefit transferred to spouse or dependent children.* Spouse Child
 Yellow Ribbon Enhancement for claimants awarded the Post 9/11 GI Bill at the 100% rate.

Dependents' Educational Assistance Program (Ch 35)
Veteran's Full Name (REQUIRED)
(Veteran's Social Security Number) _____
VA File Number (REQUIRED)
(Veteran's Social Security Number) _____ Spouse Child

Montgomery GI Bill® Selected Reserve (Ch 1606)
 I acknowledge the requirement to certify enrollment telephonically (1-877-823-2378) or online with [WAVE](#) at the end of each month during the term.
 Reservist National Guard Unit: _____



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Section 3: Term Information

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

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

Did you change your College or Major from the last term you used your benefit? Yes No

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

Are you enrolled in any course(s) not meeting on **Marquette's main campus** this term? Yes No

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

I acknowledge that in accordance with VA guidelines, courses completed with a passing grade (A-D) that do not require a higher grade to meet degree requirements cannot be reported to the VA.

Section 4: Student statement/signature

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

Signature _____ Date _____