



# REQUEST FOR VA CERTIFICATION / MINGSTAP

Name \_\_\_\_\_ GID (last 4 digits) \_\_\_\_\_

Term \_\_\_\_\_ Degree \_\_\_\_\_ Level \_\_\_\_\_ Phone \_\_\_\_\_

Major \_\_\_\_\_

Benefit: Chapter 31 Chapter 33 Chapter 35 Chapter 1606 MINGSTAP (allotment amount to use)

## COURSE CERTIFICATION

Course Subject/Number (i.e. WRT 1060) Course Title \_\_\_\_\_ Credit Hours \_\_\_\_\_

## VA AGREEMENT

I request that the Office of the Registrar certify me for VA education benefits in accordance with the information I am providing on this sheet. I agree that I will have on file with the Office of the Registrar an up-to-date academic plan of study required for the completion of my degree program. I understand that to comply with VA regulations the Office of the Registrar cannot certify me for courses which do not appear on my official academic plan of study. I also understand that if I am on academic probation for two consecutive semesters my benefits may be terminated. I further agree to notify the Office of the Registrar of ALL changes in enrollment (add/drops, repeats, withdrawals, etc.) within 10 days of their occurrence. Further, I will provide official university forms to substantiate dates of such changes. I understand that I must confirm my enrollment by completing a "sign-in" sheet at the Office of the Registrar during early registration (if you early register) or the first week of classes for each term or semester I am certified for, bringing with me proof of enrollment (i.e., registration forms, etc.) and that failure to do so will result in cancellation of my benefits.

By typing your name, you confirm acknowledgment of the VA Agreement \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Term \_\_\_\_\_ Process \_\_\_\_\_ Date \_\_\_\_\_ Credit Hours \_\_\_\_\_ Certification # \_\_\_\_\_

NOTES:

Please complete form, click Save and email as attachment to [veterans@oakland.edu](mailto:veterans@oakland.edu)