CLEARY UNIVERSITY

VA REQUEST FOR CERTIFICATION

517.338.3328 Cleary.edu

TERM/YEAR:	/		
	SPRING – SUMMER/YE	AR	
STUDENT IDENTIFYIN	IG INFORMATION		
ULL NAME (Student)			
TREET ADDRESS			
CITY & STATE			
IP CODE			
PHONE NUMBER			
-MAIL ADDRESS			
/A FILE #/SS# (VETERA	N)		
OCIAL SECURITY #(ST	UDENT)		
IF YOU ARE USING DE	PENDENT BENEFITS)		
OATE OF BIRTH			
Chapter 30 Chapter 31 Chapter 33 Chapter 33 TEI Chapter 35 Chapter 1606 Chapter 1607	owing benefit: (Check Montgomery GI Bill – Vocational Rehabilita Post-9/11 GI Bill 3 Transfer of Eligibility Survivors' & Depende Montgomery GI Bill – Montgomery GI Bill –	- Current/Former Active Duty ation & Employment Program y (for spouse/dependent using ents' Educational Assistance - Selected Reserve/National Gu - Reserve Educational Assistan	Are you currently on Active Duty? the TEB program) uard ce Program (REAP)
academic record info benefits. I understand submission of the cer Department immedi Department will also	ormation to the Depart of that I must complete tification does not gu ately upon adding, do report and changes t	artment of Veterans Affairs to ethis form EACH SEMESTER be <u>uarantee</u> payment of benefits.	tment to certify my enrollment and provide or initiate processing of educational training fore my enrollment will be certified, and that a lt is my responsibility to notify the Records a course, and I understand that the Records
STUDENT SIGNATURE			DATE
		ent, VA Certifying Official, 3750 Cle ary.edu. Please call 517.338.3328 w	ary Drive, Howell, MI 48843 or Fax to 734-330-2517.
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