

**Maine College of Health Professions
Veterans Services
Request for Certification**

This form must be completed and returned to the Bursars Office **30 days** prior to the beginning of **EACH** semester. **Forms which have been returned late may cause a delay in the payment of benefits. Inaccurate or incomplete information may cause a termination of your benefits.**

Name _____ Student ID# _____

Telephone _____

Social Security Number _____ VA File Number _____

Mailing Address _____

E-mail Address _____

VA Benefits Chapter (Check One):

_____ Chapter 30 (Montgomery GI Bill)

_____ Chapter 31 (Vocational Rehabilitation)

_____ Chapter 32 (Veterans Educational Assistance Program – VEAP)

_____ Chapter 33 (Post 9/11 GI Bill)

_____ Chapter 33 (Benefits transfer to Spouse or Dependent Student)

_____ Chapter 35 (Survivors & Dependents)

_____ Chapter 1606 (Montgomery GI Bill – Selected Reserve or National Guard)

_____ Chapter 1607 (Reserve Educational Assistance Program – REAP)

_____ MyCAA (Military Spouse Career Advancement Account)

_____ VRAP (Veterans Retraining Assistance Program)

Are you currently on Active Duty? _____ Yes _____ No

Semester For Which Benefits Are Being Requested (Check One):

_____ Summer _____ Fall _____ Spring

Program of Study at MCHP _____

Please list below the courses in which you are enrolled and are requesting certification for VA Education Benefits:

Course number _____ **Course Location & zip code (for CH. 33 student ONLY)**

**** IMPORTANT:** If a student is performing training at multiple sites during a term for a particular course (i.e. performing clinicals at different hospitals, very few weeks) then all of those dates and locations must be listed here. Attach additional information if needed.

By signing, the student understands that he/she will only receive benefits for courses that apply to his/her current degree/program.VA will only recognize one repeated attempt of a particular course.

Student's signature

Date