

VA BENEFITS CERTIFICATION REQUEST FORM

| NAME | E : | | | _ | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|-----------------------|-----|
| SVSU ID# | | | V.A. FILE # | | |
| ADDR | ESS:Street | | City | | Zip |
| PHONE: | | | BIRTH DATE: | | |
| <u>DEGR</u> | EE PROGRAM | | | | |
| | BACHELOR | MAJOR: | | MINOR: | |
| | MASTER | CONCENTRATIO | ON: | | |
| ❖ If y | | VSU for the first time, p | | | |
| | By checking this box, I agree to promptly notify SVSU's Certifying Official if I enroll at another institution as a guest student. | | | | |
| | Please check box if you receive military tuition assistance. If so, please state your branch of service or unit: (You are required to immediately notify SVSU's Certifying Official of any changes in your military tuition assistance status while attending SVSU). | | | | |
| | | if you are currently act (You a anges in your active du | re required to immed | liately notify SVSU's | |
| | enrollment to VA | box, I understand that S each and every semest g Official if I do not wis | <u>er/term I am registere</u> | _ | |



VETERAN CERTIFICATION GUIDELINES AT SYSU:

| | 1. | . You are required to immediately report any increase or decrease in credit hours to SVSU's Certifying Official. You are also required to contact SVSU's Certifying Official within ten d of receiving a W, WP, WF, F, or N grade. Failure to do so will cause retroactive loss of veter educational benefits for that course. | | | |
|------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|
| | 2. | You may only receive VA benefits for those courses necessary for your degree program; t includes any elective credits necessary to reach the minimal number of credits required for degree completion. You will not be certified for courses in which you have previously ear satisfactory grade. Please visit SVSU's Academic Advisement Center to speak with an adabout specific degree requirements. | or med a | | |
| | | Failure to achieve the satisfactory cumulative grade point average (2.00 for bachelor prog 3.00 for master program) will result in probationary status for being eligible for veterans educational benefits. If the cumulative grade point average is not raised to a satisfactory within two consecutive terms, no further terms will be certified for the VA benefits until t satisfactory level is achieved. Further, the cumulative grade point average must be at the satisfactory level prior to the last twelve credits of the degree program to be eligible to conthe VA certification process. CHECK BOXES AND SIGN/DATE BELOW IF YOU HAVE READ, UNDERSTOOD AND O THESE GUIDELINES. | level the ntinue | | |
| | | Signature Date | | | |
| <u>COM</u> | <u>MEN</u> | NTS: | | | |
| | | | | | |
| | | | | | |



<u>Current SVSU students can complete and return this form by:</u>

MAIL
Saginaw Valley State University
Registrar's Office ATTN: Kathy Krull
7400 Bay Road
University Center, MI 48710

FAX Fax # (989) 790-0180 (ATTN: Kathy Krull-Registrar's Office)

IN PERSON Registrar's Office-Wickes 151

| * | If you have any questions about this form, please contact Kathy Kr | ull at <u>klkrull@svsu.edu</u> or (989) 964-4347 |
|---|--------------------------------------------------------------------|--------------------------------------------------|
| * | A copy of this form was provided to student on Date | for his/her records. |

02/16/11--rms Page 3 of 3