



MECC Certification Request for VA Educational Benefits

Name (Last, First, MI)	SSN	EMPL ID
Street Address	Primary Phone	Secondary Phone
City, State, Zip	Official Student Email Address	

Benefits: Have you used your VA educational benefits before? **Yes** **No** Within the last year? **Yes** **No**

If Yes, where? _____

If No: If first time use of VA educational benefits, provide Certificate of Eligibility or complete form [1990](#) or [5490](#) and then print, sign and return the form to enrollment services.

If you have received VA educational benefits while attending another school, complete form [1995](#) or [5495](#) and then print, sign and return the form to enrollment services.

Chapter 30 (MGIB)

Chapter 31 (Vocational Rehab)

Chapter 33 (Post 9/11)

Chapter 35 (Dependents)

Chapter 1606 (Reservist)

Chapter 1607 (REAP)

Program of Study: Associate Degree Certificate Career Studies Certificate Non-matriculated /
Attending another college**

Program: _____

Is this a change of Program of Study since you last received VA benefits?* Yes No

* If Yes: Complete form [1995](#) or [5495](#) and provide a copy of your transcript to the Registrar's Office. **Students are ineligible for VA benefits if credits from prior training are not reported within 2 semesters.**

**If attending another college, that school's certifying official must provide a parent school letter listing approved courses each semester

Current Semester (List of Classes)			Fall	Spring	Summer	Year: _____	
Subject	Number	Section	Course Name			# of Credits	Office Use

Tuition Payment

Cash, Check, Credit Anticipated Financial Aid Vocational Rehab Tuition Assistance or Chapter 33

VMSDEP Benefits Advance Payment Requested (You must sign a contract if payment not received by the due date.)

Statement of Understanding

1. I must complete this form each semester that I intend to receive VA educational benefits. Failure to do so **will** delay payment.
2. I must immediately report **all changes** in enrollment to the Certifying Official. Failure to do so may result in an outstanding debt to the VA.
3. I must certify my enrollment with VA, either by phone, mail, or online, after each month in order to receive payment if I receive Chapter 30, 35, 1606, or 1607 Benefits.
4. I understand that VA educational benefits may be discontinued if I fail to maintain satisfactory progress and/or attendance.
5. I may not receive benefits for a class taken now for which I have previously received a passing grade, whether here or at another institution.
6. I must submit my DD-214/NOBE/transcripts from any previous colleges forwarded to MECC Enrollment Services for evaluation of transfer credit.
7. I will only receive VA educational benefits for courses **specifically** required in my curriculum, except during the semester of graduation.

I understand all written correspondence between me and my MECC VA Representative will be via my official Student email account.

Name/Student Signature

Date