

VA Certification Request Form



Office of Registrar
2800 Palmyra Road Hannibal, MO 63401
Phone: 573-629-3046 fax: 573-221-4293
Email: registrar@hlg.edu
www.hlg.edu/academics/registrar.php

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Semester Requesting Certification: _____ Number of Hours Enrolled: _____

Student ID: _____ VA File #/ SSN #: _____

Date of Birth: ____/____/____ Phone # _____

VA Chapter: 1606 ____ 30 ____ 31 ____ Degree: _____ Major: _____

1607 ____ 33 ____ 35 ____

Service Member ____ Veteran ____ Dependent ____

ARMY ____ NAVY ____ AIR FORCE ____ MARINES ____ COAST GUARD ____

ARNG ____ ANG ____ AR ____ NR ____ AFR ____ MR ____

- Students can only receive benefits for classes related to their degree/major.
- Students must contact certifying official every semester to request VA enrollment certification.
- Students must notify the certifying official immediately of any changes to their enrollment, withdrawal, or change of major.
- Students will not receive benefits for classes that have already been successfully completed. This includes courses taken before receiving VA benefits.
- Students will not receive VA benefits for repeating a course in which the letter grade of a "D" has been earned and is considered a passing grade.

I have read and understand the information above and agree to submit all necessary documentation to complete enrollment and certification for VA benefits. I acknowledge my responsibility to provide information in a timely manner. Failure to do so may result in delay or loss of VA benefits, misdirected checks, and possible repayment to the VA.

Print Name: _____

Signature: _____

Date: _____