

Misericordia University

Veteran Benefits Request Form – VBRF

This form is required for any student requesting enrollment certification of Veteran Educational Benefits for **every semester** you wish to receive VA Benefits. All students must notify the VA Certifying Official in Student Financial Services if ANY of your courses change or if you withdraw from any course. Failure to notify the Certifying Official may result in the student owing the VA for an overpayment. All students must further understand that any "W" or other "non-punitive" grade(s) received will be reported to the VA and the student will be responsible for any overpayment/debt this may cause.

A. Student Information

Name _____ VA File Number _____ n/a _____

MU Email Address _____ Phone Number _____

B. Benefit Information

Class Level:

_____ Undergraduate
_____ Graduate
_____ Certificate

Benefit Type:

_____ Ch. 33 - Post-9/11 GI Bill
_____ Ch. 35 - Survivors' and Dependent's Education Assistance
_____ Ch. 30 - Montgomery GI Bill - Active Duty
_____ Ch. 1606 - Montgomery GI Bill Selected Reserve
_____ Ch. 1607 - Reserve Education Assistance Program (REAP)
_____ Ch. 31 - Vocational Rehabilitation and Employment
_____ Ch. 32 - Veterans' Education Assistance Program (VEAP)

Have you used educational benefits at MU before? Yes No
If No, submit a Certificate of Eligibility if not already submitted

Have you used educational benefits at another institution? Yes No
If Yes, submit a Certification of Eligibility and a Change of Program or Place of Training (VA Form 22-1995) if not already submitted

C. Term, Course and Major Information

Semester: Fall 20_____ Spring 20_____ Summer 20_____

Total Credits: _____

Are you repeating any credits this semester? Yes No
If Yes, indicate name of class and explanation: _____

Current Major: _____

Has your major changed since last semester? Yes No
If Yes, submit a copy of MU Declaration/Change of Major form

Expected Graduation term/year: _____

I acknowledge that the information on this form is true and accurate to the best of my ability. I am responsible for payment of all tuition and fees that my VA benefits do not cover. I understand that I am responsible for all debts resulting from reductions or terminations of my enrollment even if the payment was submitted directly to the university on my behalf.

Student Signature

Date

Please submit this form to VA Certifying Official in Student Financial Services when you enroll in classes. Mercy Hall Room 105 or 102, or email to dcragle@misericordia.edu