School Name: Montana State University Northern

Semester Education Benefit Certification Request Form (In-House Form)

Name (Last, First, M.I.)											
Student ID Number or Social Security Number						Date of Birth (mm/dd/yyyy) Cu			rent e-mail address		
- or						/ /					
CERTIFICATION FOR: FALL						SPRING SUMMER					
Certificatio	n Year: 20_		# Credit hour	rs: h	ours	ırs					
Name of Major						Type of Major (please check one) Bachelor of Science Bachelor of Arts Undeclared					
						Bachelor of Scie	ence	Bachelor	r of Arts	Undeclared	
Maste	r of Education		Master of Scie	nce in Education		Associate of Sci	ence	Associat	e of Art	Certificate	
Education Benefit Being Applied For (please check one)											
Chapter 33 (Post-9/11 GI Bill) VETERAN											
Char	Chapter 33 (Post-9/11 GI Bill) TRANSFER OF ENTITLEMENT										
Chapter 33 (Yellow Ribbon)											
Char	Chapter 30 (Montgomery GI Bill)										
Char	Chapter 31 VA Vocational Rehabilitation										
Char	Chapter 35 (Dependent), please provide the claim number:										
Chap	Chapter 1606 (Active Reserve or National Guard)										
Chap	Chapter 1607 (REAP)										
Certification Status (please check one and complete any additional information, if needed)											
	First time – "I have never used my education benefits and would like to begin using them at MSU-Northern."										
	Continuing – "I have attended and used my benefits at MSU-Northern during this past semester."										
Rein	Reinstating – "I have attended and used my benefits at MSU-Northern but did not attend this past semester."										
Last Semester Attended: Spring/Year						Fall/Year Summer/Year					
Tran	Transferring – "I have used my education benefits at a different school and want to transfer to MSU-Northern."										
Char	Changing Status – "I am adding / dropping a course."										
	Initial Credit I	lour To	otal:	hours		N	lew Credit Ho	ur Total:		hours	
With	ıdrawing – "I	am co	mpletely wit	hdrawing from	all cla	asses."					
PARTIAL/R	EMEDIAL –TER	√ decla	ration (Complet	e ONLY if you are	enrolle	d in partial-teri	m, and/or rem	edial class	ses)		
CRN	Credits		Course #	Course	e Descrip	tion	Begin Date	9	End Date	# of Weeks	
41234	3		Bio 1010	Introduction t	o Biolog	y (example)	6/1/2009		7/28/2009	8	

Please **READ**, **INITIAL** and **SIGN** the back side of this page. Important Requirements and Guidelines. Please read, initial and sign.

Initial	
	I understand that the following requirements listed on this form are set forth by Montana State University-Northern Veteran's Service Office (VSO) and are for the purposes of administering my educational benefits only. It is my responsibility to seek and understand any additional requirements set forth by Montana State University-Northern in order to begin, maintain and/or end my enrollment at this institution.
	I understand that I must check both my mail and e-mail on a continuous basis for important information regarding my education benefits. I also understand that my mail <u>and</u> e-mail address must be updated with both the Montana State University-Northern VSO <u>and</u> on my Montana State University-Northern account.
	I understand that I must notify Montana State University-Northern VSO as soon as any of my personal information changes to include, but not limited to a change of address, phone number, name, etc.
	In addition to completing the required paperwork that was supplied to me by the Montana State University-Northern VSO, I understand that I must also complete the following form EVERY semester: 1) Education Benefit Certification Request Form (this form) - Located in the Montana State University-Northern VSO or online. I must also attach a current class schedule for that semester.
	I understand that I must complete the appropriate paperwork located in the Montana State University-Northern VSO in the ever that I decide to change my major.
	I understand that I must notify the Montana State University-Northern VSO immediately upon a change in course load (adds, drops, withdraws, etc.) as this may result in an over/underpayment of my educational benefits.
	_ I understand that I will not receive educational benefits for retaking classes that I have already successfully completed.
	I understand that all remedial courses, internships, externships, independent studies, cooperative education agreements, and concurrent enrollments must be approved by the Montana State University-Northern VSO in order to be approved by the VA.
	I understand that I must supply the Montana State University-Northern VSO with all transcripts/transfer credits accepted by Montana State University-Northern within my first semester of enrollment.
	I understand that by not complying with the above listed guidelines, my educational benefit payments may be delayed, suspended and/or I may be required to reimburse the Department of Veteran's Affairs for all or a portion of the educational benefit payments that I have received for this entire semester. I understand that the School Certifying official for Montana State University-Northern will share and submit student information, such as semester and hours registered, grades, billing information and directory information to the Department of Veteran Affairs. The information is confidential and shall be used only for the purposes of obtaining your GI Bill Education Benefits.
Please	refer to your "Summary of Educational Benefits" supplied by the VA or call the VA at the below listed phone number for a complete understanding of your educational benefits.
I have rea	ad and understand the requirements listed above
Signature	e Date