



## VA Course Certification Request Form

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ ID: A \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_@lssu.edu\*

\*LSSU Policy instructs that we only communicate to students using their MyLSSU email.

**VA INFORMATION: (Select the Education Benefit Below)**

Montgomery GI Bill Selected Reserve (Chapter 1606)

Vocational Rehabilitation and Employment (VR&E) – (Chapter 31)

Post 9/11 GI Bill (Chapter 33)

Post 9/11 GI Bill (Transferred to you)-(Chapter 33)

Survivors and Dependents (Chapter 35)

VA File #: \_\_\_\_\_

**COURSE INFORMATION:**

**Semester to Certify:**

FALL

SPRING

SUMMER

**\*Zip Code & Instructor Signature are only required if you are taking a course that is not offered on the main campus or online – such as internships, clinicals, practicums, & regional center courses**

Course Code: e.g. COMM 101 # Of Credits Zip Code\* Instructor Signature\*

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I understand that if these courses are not required for my declared major/minor that they are not certifiable for VA Educational Benefits. I am responsible to ensure that if I stop attending class(es) for any reason, I will contact the VA Certifying Official. I understand that once I am certified that a hold will be placed on my schedule to prevent any changes unless I contact the VA Certifying Official. This hold expires prior to scheduling for the next semester. I also understand that I have to re-certify each semester that I would like to use my VA Educational Benefits.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return completed form to: Lake Superior State University

Attn: Jennifer McCallum, VA Certifying Official

650 W. Easterday Avenue, Sault Ste. Marie, MI 49783

FAX: 906.635.6202, or Email to: jmccallum1@lssu.edu