

Course Certification Request for VA Educational Benefits

Are you currently in overpayment with the Department of Veteran’s Affairs? Yes or No

Name: _____ ID # _____

Address: _____ Telephone: _____

_____ Email: _____@lssu.edu*

_____ Cell Phone: _____

Is above address: Permanent; Local

*LSSU Policy instructs that we only communicate to student’s using their MyLSSU email.

VA INFORMATION:

Chapter: _____ Ch 33 Benefit Transfer? Yes or No VA File #: _____

(Certificate of Eligibility required for Chapter 33 Post-911 Education Benefit)

U.S. Coast Guard Dependent of U.S. Coast Guard Member GoArmyED MI National Guard

COURSE INFORMATION:

Please ensure you have turned in a degree audit for the below Major/Minor to Luanne Webb, VA Certifying Official.

Major*: _____ Concentration _____

Minor(s): _____

*If the above is a new major you must request a “Request for Change of Program or Place of Training” form – Contact Luanne Webb, Assistant Registrar, VA Certifying Official, LSSU.

Please indicate which semester you are requesting certification for this academic year:

Fall Spring Summer

Please certify the following courses which are required for my major and/or minor:

CRN e.g. 10005	COURSE CODE e.g. ACTG 332-001	# OF CREDITS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If necessary, continue on reverse. Total: _____

I understand that if these courses are not required for my declared major and/or minor 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 immediately contact the VA Certifying Official at LSSU using the below address/email. I understand that once I am certified a hold will be placed on my schedule to prevent any changes unless I contact the VA Certifying Official by email, telephone, or in person at the Registrar’s Office. This hold expires prior to scheduling for the next semester. Upon scheduling for the next semester, I will ensure that I re-certify with the VA Certifying Official.

Signature: _____ Date: _____

Please return completed form to: Lake Superior State University, Fletcher Center for Student Services
Attn: Luanne Webb, Assistant Registrar, VA Certifying Official
650 W. Easterday Ave. Sault Ste Marie, MI 49783
FAX: 906-635-6669, lwebb@lssu.edu