



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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