After enrolling for courses, complete section A and forward this form to your advisor. Your advisor will review your enrollment and then forward the form to Student Financial Services. For questions regarding the number of credits necessary for benefits call the VA at 1-888-442-4551. For VA direct deposit info call 1-877-838-2778.

SECTION A – STUDENT COMPLETES THIS SECTION.

Student Name: ___________________________________________ Kirtland ID: __________________________

Program of Study: ______________________________________ Telephone #: __________________________

List the specific certificate/degree you are pursuing

Is this a change of program since the last time you requested certification?  Yes ____ No _______

If yes, have you submitted a VA Change of Training form to the VA?  Yes ____ No _______

CHECK ONE:  □ Fall  □ Winter  □ Summer  Number credits to certify __________

Type of Benefits:  ______ CHAPTER 30  ______ CHAPTER 33 (POST 9-11)  ______ CHAPTER 35

______ CHAPTER 1606  ______ CHAPTER 1607

I understand that all classes I am seeking benefits for must pertain to the program of study I am pursuing at Kirtland. I acknowledge that I am responsible for knowing the rules and regulations of the VA Educational program for which I receive benefits. I understand that I must submit a new certification request if my schedule changes (add/drop/withdraw).

Signature: ___________________________________________ Date: ________________

Advance Pay Request Check Here □ – (Chap 33 not eligible per regulation. 30 day rule applies to all other programs)

SECTION B – ADVISOR USE ONLY

Program of study & Catalog Year __________________________ Approved Credits: ________________

Indicate non-approved courses/credits here: ________________________________________________

Student informed of non-required courses and wishes to remain enrolled: _____ Yes _______ No

Student repeating any previously completed courses? _____ Yes _____ No ____________________ Specify course(s) numbers

Student completing a program of study this semester? _______ Yes _______ No

Advisor Signature: __________________________ Date: __________________

SECTION C – STUDENT FINANCIAL SERVICES USE ONLY

Chap 33: % Eligible __________ Prelim T/F$ __________ Final T/F $____________

Total Credits ______ # online__________ Advance Pay Request __________ Processed: __________

Kirtland Student Financial Services, 10775 N. St. Helen Rd, Roscommon, MI 48653
(989)275-5000 ext 257 Fax: (989)275-6789 email: myfinances@kirtland.edu