

M UNIVERSITY OF MICHIGAN-DEARBORN

VETERANS AFFAIRS - CERTIFICATION REQUEST

OFFICE OF REGISTRATION & RECORDS
 4901 Evergreen Road
 Room 1169 UC
 Dearborn, MI 48128-2406



Date of Birth _____
 SSN# _____
 or
 File # _____

Student Information:

NAME _____
(First) (Middle) (Last)
 TELEPHONE # _____

Academic Information:

Please circle your Academic Unit: CASL ENGR MGMT EDUC GUEST
 Term _____
 Current Degree Program _____

Is this your First Semester at UM-Dearborn? _____ (If "yes" please continue below)

Please check one: Are you a: ___ Veteran ___ Child/Spouse of a disabled or deceased Veteran
 Total Number of credit hours accepted by UM-D for previous training _____

Course Elections:

| COURSE NAME | COURSE # | CREDIT HOURS |
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| COURSE NAME | COURSE # | CREDIT HOURS |
|-------------|----------|--------------|
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Are any of these Repeat Courses? (Y or N) _____ Or Remedial? (Y or N) _____ Or Non-Degree Credit? (Y or N) _____

Total number of credit hours registered for this term _____

TUITION AND FEES ARE TO BE PAID BY THE STUDENT ACCORDING TO THE DATES IN THE SCHEDULE OF CLASSES. VA BENEFITS ARE REIMBURSEMENTS, NOT SCHOLARSHIPS.

I certify that the above information is accurate, and I acknowledge the fact that I must personally notify the Office of Registrar immediately if I make any changes in the above elections. I further understand that the U.S. Government has provisions prohibiting duplication of Federal benefits. I authorize release of my academic record information to the Veterans Affairs Office for the purpose of clarification to ensure my receipt of Educational Training Benefits.

CAUTION: Carelessness in filling out this form, lack of complete information, or failure to report subsequent changes may result in delayed allowance or loss of benefits.

SIGNATURE: _____ **Today's Date:** _____
(Cannot process without signature)