Marywood
UNIVERSITY
OFFICE OF MILITARY AND VETERAN SERVICES

**Military Certification & Enrollment Form**
Marywood University
Scranton, PA 18509-1598
Tel: (570) 348-6211
marywood.edu/veterans

# Military Certification & Enrollment Form

Eligible students are required to submit this form each semester to have classes certified for veteran education benefits. This includes students utilizing the following benefits: **CH 30 (MGIB), 31 (Voc Rehab), 33 (Post 9/11), 35 (DEA), 1606, 1607**.

The VA will hold you responsible for any education benefit overpayment resulting from reduction or termination of your enrollment or application of a tuition and fee exemption even if the VA submitted the payment directly to the school on your behalf.

**Before submitting this form, you must:**

- **Review your Degree Audit** to ensure all coursework applies to your degree. Contact your advisor or department chair if you have any questions about course applicability. Only applicable coursework can be certified for VA benefits.
- **Be registered** for classes. Waitlisted classes cannot be certified.
- **If this is your first semester at Marywood University AND you have received VA education benefits at a previous school**, notify the VA Certifying Official as soon as possible.

## Instructions

- **Submit the form only <u>once</u> per term** unless you have a schedule change. List only the courses that apply to your program requirements. Waitlisted courses cannot be certified.
- Contact the VA Certifying Official and notify them of any schedule changes as soon as possible. If you make any **changes to your class schedule**, you must also submit an updated MCEF for any changes. If you are dropping below full-time status be advised that this will change your Monthly Housing Allowance stipend.
- **Enter all information requested and submit to Office of Military and Veteran Services.**

By Signing and submitting, you are agreeing that you have received and understand the information previously provided on this sheet:

Signature _____ Date _____

Marywood
UNIVERSITY
OFFICE OF MILITARY AND VETERAN SERVICES

**Military Certification & Enrollment Form**

Marywood University
Scranton, PA 18509-1598
Tel: (570) 348-6211
marywood.edu/veterans

Name (Last, First, MI): _____

Phone: _____ Email:_____

**Request for Benefits (select one):**

☐New Request ☐Change to Previous Registration

Semester and Year to be certified (ex: Fall, 2013): _____

**Courses to be certified:**

☐This is my final class schedule and I plan no further changes.
Certify only the specific courses listed below:

| **Subject** | **Course Level (UG/G)** | **Course Number** | **Section** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Marywood
UNIVERSITY
OFFICE OF MILITARY AND VETERAN SERVICES

**Military Certification & Enrollment Form**

Marywood University
Scranton, PA 18509-1598
Tel: (570) 348-6211
marywood.edu/veterans

By Signing and submitting, I agree to all of the following terms and conditions described below:

1. I understand that I must submit the MCEF each semester for my classes to be certified for VA education benefits and must promptly report any changes in my program, hours of enrollment, or address to Office of Military and Veteran Services.
2. I understand that I must be admitted to an approved program of education by the end of my sophomore year of enrollment in order to receive further VA benefits.
3. I understand that I can only receive benefits for courses required for my program of education and that I must make satisfactory progress towards graduation or program completion. I understand that withdrawal from courses and subsequent grades of "W" may reduce VA payment eligibility. I understand that the VA will not pay for courses that I audit, take without credit, or do not attend, and that the VA will hold me responsible for any education benefit overpayment.
4. I understand that courses with non-standard term dates may be paid at a different rate as determined by the VA based on the number of hours and length of the course.
5. In accordance with the Privacy Act of 1974 (Public Law 93-579), I authorize the Department of Veterans Affairs to review and discuss my academic records with official representatives of Marywood University.
6. ***I understand that use of federal Tuition Assistance and the GI Bill may constitute a duplication of federal benefits which is prohibited by law. I further understand that it is my responsibility to ensure there is no duplication of federal benefits.***
7. I will assume full responsibility for delayed or incorrect benefit payments resulting from inaccurate information submitted on my MCEF.

Student Signature: _____ Date _____

Certifying Signature: _____ Date Received _____