

**Veterans Resource Center
Continuing Student: Recertification form**

Name: _____

Claim # (CH 35 Dependents only): _____

MPC ID#: _____

Mailing Address: _____

Telephone: Home: _____ Cell/Work: _____

EMAIL: _____ Date of Birth: _____

Number of dependents: _____ Marital Status: _____

Have you served in the United States Military? Yes No

If no, are you the: Spouse Legal partner Parent Child

What branch of Service did you served in?

Army Air Force Navy Marine Core Coast Guard Space Force N/A

Service date entered: _____ Discharge date: _____

CHECK ONE: I am a veteran Legal partner Child

SEMESTER/SESSION REQUESTING CERTIFICATON FOR: _____ 20 _____

LAST SEMESTER/SESSION ENROLLED AT MPC: spring ____ summer ____ fall ____

At which college will you complete your educational objective: _____

Have you changed your major since the last semester enrolled at MPC? Yes No

• If "yes," what is your new major? _____

Has your educational program of study have been approved by an MPC Counselor? Yes No

Degree earned (check one): Associate's Bachelor's Master's None

Section Number/Course EX: 1234/Math 1	Units	Section Number/Course EX: 1234/Math 1	Units

By signing below you are agreeing to the following statement:

"I certify that the information on this form is complete and correct. I also understand that my Veterans Assistance Educational Allowance is based upon the number of units in which I am enrolled and that any changes in my class schedule (adds and/or drops) must be immediately reported to the Veterans Resource Center to prevent over payment to the Department of Veteran Affairs or to the College.

Student's Signature

Date

Veterans Office Staff Signature

Date