



# OKLAHOMA STATE UNIVERSITY - OKLAHOMA CITY

## REQUEST FOR CERTIFICATION

Name \_\_\_\_\_

SSN# \_\_\_\_\_ Student ID \_\_\_\_\_

**Montgomery GI Bill Chapter**

- 30     31 Case Worker \_\_\_\_\_     33  
 35 File # \_\_\_\_\_     1606     1607 (REAP)

**Biographic Data**     New Student     Update

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Current Major \_\_\_\_\_  New

Semester Applying For \_\_\_\_\_ Year \_\_\_\_\_

**- OFFICE USE ONLY -**

New Student  
 VA Form mailed \_\_\_\_\_  
 DD-214 mailed \_\_\_\_\_  
 NOBE mailed \_\_\_\_\_  
 Birth Cert mailed \_\_\_\_\_  
 Marriage Cert mailed \_\_\_\_\_

**Certification**

Degree Audit  
 Input into VAONCE  
 Cert Submitted  
 1999 Printed  
 Transcript Review

Notes:

SUBJECT	NUMBER	SECTION	COURSE NAME
Elective Authorization Advisor _____		Signature _____	

### Statement of Understanding

\_\_\_\_\_  
(initial) I understand that it is my responsibility to report any changes in my schedule.

\_\_\_\_\_  
(initial) I understand that it is my responsibility for any overpayment made to me due to changes in my schedule.

\_\_\_\_\_  
(initial) I understand that the Veterans Administration will not certify classes not counted towards my degree.

\_\_\_\_\_  
(initial) I understand that I am ultimately responsible for payment of all tuition, fees and books.

I certify that I have read and understand all of the above, and that I have accurately reported all necessary information for certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_