



**MANHATTAN CHRISTIAN COLLEGE**  
 On Campus • Online  
 1415 Anderson Ave • Manhattan, KS 66502-4081

# Veteran Benefit Certification Request

Please complete and submit to  
 Trish Runion in Student Financial Services along with a copy of your Certificate  
 of Eligibility.

**Student Name:** \_\_\_\_\_ **MCC ID:** \_\_\_\_\_

**Term:** Fall / Spring / Summer      Year: \_\_\_\_\_

**Degree:** (circle correct)      AA      BA/BS: Christian Ministry      BA: Biblical & Theological Studies  
 BS: Ministry with Residency Emphasis      BA/BS: Dual Degree with KSU / MATC / Other: \_\_\_\_\_  
**Thunder Online:**      BS: Biblical Leadership      BS: Management & Ethics

**VA Chapter:**       33 Veteran / Spouse / Child       31 (VR&E)       30 (MGIB)  
 35 Sponsor's File Number: \_\_\_\_\_       1606 (Reserves)

Are you taking courses at another school?    Yes    No

If yes, have you turned in a course schedule to the SFS office?    Yes    No

Are you using another school as your primary for VA benefits?    Yes    No

If yes, what school? \_\_\_\_\_

Are you or your spouse active duty during this term?    Yes    No

If yes, who? \_\_\_\_\_

Are any of the courses in this term retakes of previously passed courses?    Yes    No

If yes, please list the reference number and course name: \_\_\_\_\_

Are there any courses this term you **do not want** to be certified with the VA?    Yes    No

If yes, please list the reference number and course name: \_\_\_\_\_

I certify that the information provided is true and correct. MCC will use my schedule and billing located in the student information system (Empower) to certify my enrolled courses. MCC has the authority to determine if all the courses registered are necessary for degree completion. Courses not necessary for degree completion are not eligible for payment through VA educational benefits; I will be responsible for the balance incurred. I understand a debt may be posted to my account if I drop courses or withdraw from the school after payment has been made by the US Dept. of Veteran Affairs. I agree to contact the Student Financial Services office if I change courses or wish to terminate my enrollment. A new form will be necessary for each term I wish to have courses certified to Veteran Affairs.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_