



# Veterans Affairs Benefit Request Form

## Student Information (All fields are required)

<b>Student ID Number</b> Click or tap here to enter text.	<b>First Name</b> Click or tap here to enter text.	<b>Middle Name/Initial</b> Click or tap here to enter text.	<b>Last Name</b> Click or tap here to enter text.
<b>Program</b> Click or tap here to enter text.		<b>Month/Year of Graduation</b> Click or tap here to enter text.	<b>Campus</b> Choose an item.
<b>Current Street Address</b> Click or tap here to enter text.	<b>City</b> Click or tap here to enter text.	<b>State</b> Click or tap here to enter text.	<b>Zip Code</b> Click or tap here to enter text.
<b>Email Address</b> Click or tap here to enter text.		<b>Phone Number</b> Click or tap here to enter text.	

## Veterans Benefit Information (Required)

<b>Benefit Chapter</b>	Choose an item. Click or tap here to enter text.
<b>Semester &amp; Year</b>	Choose an item.Choose an item.

## Student Signature (Required)

<b>Signature</b>	Click or tap here to enter text.	<b>Date</b>	Click or tap to enter a date.
------------------	----------------------------------	-------------	-------------------------------

## Instructions

Complete the Veterans Affairs Request Form each semester to request your certification of enrollment be submitted to the VA. This form must be completed each semester, no later than 60 days prior to the start of the semester. Return the completed form to the Registrar's Office; the Registrar's Office will review your request and submit any eligible benefits certifications to the VA. For questions regarding your certification of enrollment, please contact the Registrar's Office (phone: 617-732-2855 or email: [Registrarsoffice@mcphs.edu](mailto:Registrarsoffice@mcphs.edu)).

Please return this form to the Registrar's Office via mail, fax, or email:

**Boston:** MCPHS University, Registrar's Office, 179 Longwood Avenue, Boston, MA 02115

**Worcester:** MCPHS University, Registrar's Office, 19 Foster Street, Worcester, MA 01608

**Fax:** 617-735-1050

**Email:** [Registrarsoffice@mcphs.edu](mailto:Registrarsoffice@mcphs.edu)