

Certification Request or Refusal

Date:

Semester:

Name:

SPIRE number:

Number of online credits:

Number of on-campus credits:

The information on this form should be specific to the semester, not accumulative.

By submitting this form, I certify that all credits listed above apply to my program.

REFUSAL:

If you do not want to use your benefits for the above semester, please indicate so below. This will not affect your ability to use your benefits for future semesters.

I do not want to use my VA Education Benefits for this semester.