



Veterans Affairs Benefit Request Form

Student Information (All fields are required)

Student ID Number/Date of Birth	First Name	Middle Name/Initial	Last Name	
Current Street Address		City	State	Zip Code
Email Address		Phone Number		

Program Information (Required)

Only complete first line if you are a degree seeking student. Only complete second line if you are taking courses with the School of Professional Studies.

Program	Month/Year of Graduation	Campus
Courses	Dates of Courses	

Veterans Benefit Information (Required)

Benefit Chapter	
Semester & Year/ Course & Dates	

Student Signature (Required)

Signature		Date	
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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). 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