



### MVP Certification Form

To request certification, please complete, print and sign this document . Scan and email the form to **mvp@ttu.edu**, fax to **806.742.0480** or deliver in person to **Doak Hall ,Room 108**.

Full Legal Name:

SSN/VA File #:  R#:

Mailing Address:

Phone:  Email:

Major:  Graduation Date:

Minor:  Specialization:

**Q1: Please select all State, Federal or University Education Benefits in which you are applying:**

- Chapter 30 MGIB       Chapter 1606 MGIB SR       Hazlewood  
 Chapter 31 VocRehab       Chapter 1607 REAP       EMBA University Exemption  
 Chapter 33 Post 911 \*       Chapter 35 DEA       Other: \_\_\_\_\_

\*List your eligibility percentage rate if chapter 33: \_\_\_\_\_

- Q2: Are you a new student?**  Yes  No
- Q3: Are you a transfer student?**  Yes  No ( If yes, where did you last use benefits? \_\_\_\_\_)
- Q4: Were you enrolled at TTU last semester?**  Yes  No (If no, Last semester at TTU: \_\_\_\_\_)

Please complete applicable semester or term below listing only TTU hours:

Semester	Year	Hours
I Summer		
II Summer		
Fall		
Spring		
Other		

By signing below, you agree to notify the TTU MVP office if you drop a course, withdraw, change your degree program, major, address or email and to contact the TTU MVP office after each registration.

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

**For MVP Staff Use Only**