

# East Carolina University

Office of Veteran Affairs  
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Greenville, NC 27858  
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POC: Mrs. Connie S. Blake (252-328-1731)

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Full Name: \_\_\_\_\_  
(first) (middle) (last)

Phone: \_\_\_\_\_ \*ECU email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ECU ID: B \_\_\_\_\_ Chapter \_\_\_\_\_

Are you the  Veteran  Dependent

Indicate the **approximate** number of hours you plan to attend for each semester you want to receive MGI bill payments. Any necessary adjustments to the original certification will be made after the last day of drop/add; however, if your enrollment changes at any time during the semester, please contact this office in order to avoid a possible overpayment.

Spring 2010 \_\_\_\_\_ hrs.\*\*

1<sup>st</sup> Summer 2010 \_\_\_\_\_ hrs.

2nd Summer 2010 \_\_\_\_\_ hrs.\*\*

11 Week 2010 \_\_\_\_\_ hrs

Fall 2010 \_\_\_\_\_ hrs.\*\*

\* Your ECU email address will be submitted to the VA with your claim so that you can be notified of any activity concerning your certification. Our office also corresponds with you through your ECU email account.

**Please check your email account frequently.**

\*\*Are you graduating during one of these terms?  Yes  No

Current Degree and Major Program: \_\_\_\_\_

Please indicate your minor or area of concentration (if **REQUIRED** by your program of study): \_\_\_\_\_

Do you want advance pay for fall term?  Yes  No

Our office must receive your request for advance pay no later than 30 business days before the term begins.

**Your signature is required on this form. Unsigned requests will not be processed.**

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