

East Carolina University

Office of Veteran Affairs
102 Whichard Building
Greenville, NC 27858
Fax: 252-328-4232
blakec@ecu.edu

POC: Mrs. Connie S. Blake (252-328-1731)

Full Name: _____
(first) (middle) (last)

Phone: _____ *ECU email address: _____

Date of Birth: _____ ECU ID: B _____ Chapter _____

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.

1st Summer 2009 _____ hrs.

2nd Summer 2009 _____ hrs.

11 Week 2009 _____ hrs.

Fall 2009 _____ hrs.

Spring 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.

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: _____