



REQUEST FOR CERTIFICATION
Veterans Educational Benefits

Summer 2017
Academic Year 2017-2018

Certification for VA Educational Benefits will be made once this and all other required documents are submitted to the Veterans Center at West Chester University. Contact us at (610) 436-2862 if you have any questions.

Student Name _____ WCU ID# _____

Mailing Address _____

SSN _____ File # (CH 35 Dependents) _____

Telephone # _____ E-Mail _____

I qualify for benefits as [] Veteran/Service member [] Dependent Child [] Spouse

Have you received VA Educational Benefits before? [] Yes [] No

If No, have you applied on line through Vets.gov or VONAPP? [] Yes [] No

Do you intend to use Federal Tuition Assistance (FTA)? [] Yes [] No

VA Entitlement Program (check one only)

[] CH 30 - MGIB [] CH 33 - Post 9/11 (___%) [] CH 35 - Dependents

[] CH 1606 - Reserves [] CH 1607 - Reservists Called to Active Duty (REAP)

Are you changing VA Programs? [] No [] Yes: From CH _____ to CH _____

If yes, your signature below authorizes WCU to forward this change to the VA.

Is this your first semester at WCU? [] No [] Yes

If yes, are you a transfer student? [] No [] Yes

If yes: Last school attended where VA benefits received? _____ If yes:

Your signature below authorizes WCU to forward this change to the VA.

What is your degree program? [] BA [] BS [] MA [] MS [] Other _____

What is your Major Program? _____ Is this a change of major? [] Yes [] No

Enter the number of credits you expect to schedule each term:

----- Summer 2017-----

Table with 6 columns: 1st Session (5 Weeks), 2nd Session (5 Weeks), 3rd Session (3 Weeks), Fall 2017, Winter 2017, Spring 2018. Includes dates for each session.

Remember, it is your responsibility to notify the certifying officer at West Chester University of any change in your enrollment status, including all drop/adds, changes in major, or withdrawal from school. The student is liable for all overpayments resulting from failure to provide this notice.

Signature _____

Date _____