



REQUEST FOR CERTIFICATION Veterans Educational Benefits

**Summer 2019
Academic Year 2019-2020**

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 31 Vocational Rehabilitation

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

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

----- Summer 2019-----

1 st Session (5 Weeks)	2 nd Session (5 Weeks)	3 rd Session (3 Weeks)	Fall 2019	Winter 2019	Spring 2020
05/28/19	07/01/19	08/05/19	08/26/19	12/?/19	01/21/20
06/29/19	08/03/19	08/24/19	12/14/19	01/?/19	05/09/20

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Remember, it is your responsibility to notify the certifying official 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