



# REQUEST FOR CERTIFICATION Veterans Educational Benefits

**Summer 2018  
Academic Year 2018-2019**

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

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

----- Summer 2018-----

1 <sup>st</sup> Session (5 Weeks)	2 <sup>nd</sup> Session (5 Weeks)	3 <sup>rd</sup> Session (3 Weeks)	Fall 2018	Winter 2018	Spring 2019
05/28/18	07/02/18	08/06/18	08/27/18	12/?/18	01/?/19
06/30/18	08/04/18	08/24/18	12/15/18	01/?/19	05/?/19

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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