

Signature

## **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	ent Name WCU ID#					
Mailing Address						
SSN		File # (CH 3	5 Dependent	s)		
Telephone #	one # E-Mail					
I qualify for benefits	s as 🔲 Vetera	n/Service mem	nber 🗌 Deper	ndent Child 🗌	Spouse	
Have you received V	/A Educational	Benefits before	e? 🗌 Yes 📋	No		
If No, have you app						
Do you intend to use	e Federal Tuiti	on Assistance (	FTA)?  Yes	☐ No		
VA Entitlement Prog	ram (check on	e only)				
CH 30 – MGIB	□ CH 3	33 – Post 9/11	(%) [	☐ CH 35 – Depe	endents	
☐ CH 1606 – Reser	ves CH 160	07 – Reservists	Called to Activ	e Duty (REAP)		
Are you changing V	A Programs?	□No □Yes	: From CH	to CH		
If yes, your s	signature belov	w authorizes W	CU to forward	this change to t	he VA.	
Is this your first sem	nester at WCU1	? No	Yes			
If yes, are yo	ou a transfer s	tudent? 🗌 No	Yes			
If yes: La	ast school atte	nded where VA	benefits receiv	ed?		If yes:
Your signature belov	w authorizes W	/CU to forward	this change to	the VA.		
What is your degree	program?	□BA □E	S MA l	MS Other _		
What is your Major I	_			-		
======= Enter the number of				:=====:	=====	
	mmer 2017	•				
1 <sup>st</sup> Session	2 <sup>nd</sup> Session	3 <sup>rd</sup> Session	Fall	Winter	Spring	
(5 Weeks)	(5 Weeks)	(3 Weeks)	2017	2017	2018	
05/30/17	07/03/17	08/07/17	08/28/17	12/19/17	01/22/18	
07/01/17	08/05/17	08/25/17	12/16/17	01/20/2017	05/11/18	
				:======:		
Remember, it is y University of any	•	•		•		
major, or withdra						
from failure to pro	ovide this no	tice.				

Date