

## REQUEST FOR CERTIFICATION OF VA BENEFITS

S. W.	N 3111	Name:			Student ID:			
COUCATION!	PROGRE	Mailing A	ddress:				Apt:	
City:				State:	Zip: _			
Phone:			Ema	il:				
Semester:	Fall	Spring	Summer	Year:	_			
Veteran Ben	efit Informa	ation						
Check which	benefit pro	gram you ar	e using:					
Chapter 3	33: Post-9/11	GI Bill	Chapter 35: Su	urvivors' & Depende	ents (DEA)	Chapter 31: V	ocational Rehabilitation	
Chapter 30: MGIB – Active Duty			Chapter 1606:	Chapter 1606: MGIB – Selected Reserve				
Academic In	formation							
Degree Prog	ram/Major:							
Double Majo	or? Yo	es No	o Second Ma	jor:				
Is this your fi	nal semeste	er? Y	'es No					
or if I o certific I unde may re	or VU receive cations to accerate that	ves a partial dhere to VA changes in cative los	payment, or if I d <i>Policy may result</i> course enrollmen	o not wish to use in a student debt t, or an entire terr	my VA benefits. <i>either to VU or</i> n withdrawal, a	. <i>Administrative</i> <i>the VA</i> . fter the last day	that I am not eligible, ecorrections to y of the add/drop week enefits could revert	
		grades of W of Veterans A		esult in an overpa	yment of benef	its which I may	be required to repay to	
currer count	ntly pursing, towards my	or for requi	red pre-requisite status. (Ch. 31 re	courses. <i>Online d</i> ecipients can be ap	evelopmental co oproved for onli	ourses cannot b ne developmen	-	
		Chapters 16 I tuition and		ill pay the benefit	recipient and no	ot the Universit	y. I am responsible for	
	erstand that rawing from		onsibility to notif	y Veterans Suppo	rt Services imm	ediately upon a	idding, dropping, or	
information	to the Depa	rtment of Ve					academic records semester in order for	
Student's Sig	nature				Date			