

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 # _____ Email _____

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 VONAPP? 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 2015** -----

1st Session	2nd Session	3rd Session	Fall	Winter	Spring
(5 Weeks)	(5 Weeks)	(3 Weeks)	2015	2015	2016
05/26/15	06/29/15	08/03/15	08/24/15	12/14/15	01/19/16
06/27/15	08/01/15	08/21/15	12/12/15	01/13/16	05/06/16
_____	_____	_____	_____	_____	_____

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