



REQUEST FOR CERTIFICATION -VETERANS EDUCATION BENEFITS
SUMMER 2024
ACADEMIC YEAR 2024-25

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) 436-5866 if you have any questions.

Student Name _____ WCU ID# _____

Mailing Address: _____

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 VA.GOV? [] Yes [] No
VA Entitlement Program (check one only)
[] CH 1606 – GUARD/RESERVES Do you intend to use Federal Tuition Assistance (FTA)? [] Yes [] No
[] CH 33 – Post 9/11(_____ %)
[] CH 35 – Dependents (Service Member Parent’s Name: _____)
[] CH 30 – MGIB (Active Duty)
[] CH 31-VR&E
Are you changing VA Programs? [] No [] Yes: From CHAPTER _____ to CHAPTER _____
*Is this your first semester at WCU? [] No [] Yes If yes, are you a transfer student? [] No [] Yes
If a transfer student: Last school attended where VA benefits received? _____
What is your degree program? [] BA [] BS [] MA [] MS [] Other _____
*What is your Major? _____ Is this a change of major? [] Yes [] No

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

Table with 6 columns: 1st Session (5 Weeks), 2nd Session (5 Weeks), 3rd Session (3 Weeks), Fall 2024, Winter 2024, Spring 2025. Rows show dates for each session.

- Initial I understand it is my responsibility to complete this enrollment certification form for each term that I plan to receive benefits.
Initial I understand it is my responsibility to report any changes (including add/drop, grades of “I” or “W,” address, change of major, etc.) to the School Certifying Official.
Initial I am responsible for any debt owed to West Chester University due to an overpayment of my benefits. Non-payment of this debt or other charges will affect my student account and future registration.
Initial I understand the GI Bill Benefits (Chapters 31 & 33) are only applied to tuition and fees, minus any scholarships, unless the scholarship is refundable.

I, the undersigned, certify that the above statements are true to the best of my knowledge. I have read and understand my responsibilities as outlined above. I will report any and all status changes to the School Certifying Official as soon as they occur.

Signature _____ Date _____

*Your signature above authorizes WCU to forward this change to the VA.