REQUEST FOR VA CERTIFICATION

Complete all information and submit with your VA letter of eligibility to the Office of the Registrar.

Penn Hall, Room 217

Phone: (641) 673-1011 FAX: (641) 673-1390 Email: eklundp@wmpenn.edu

Students Full Name:		Student SSN: _	
Home Street Address:			
City:			
Home Phone:	Cell Phone	e:	
E-Mail:	D	ate of Birth:	
If you are using VA benefits as a dependent of	f a Veteran, please list firs	st and last name	of Veteran and Veteran's SSN:
Name:		SSN:	
VA Program Information:			
For which Program are you eligible? Check on Federal Tuition Assistance (Nation VA Chapter 33 – Post 9-11 GI Bill VA Chapter 30 – Montgomery GI I VA Chapter 1606 – Montgomery CI VA Chapter 1607 – Reserve Ed. A VA Chapter 31 – Veteran's Readin VA Chapter 35 – Survivors & Depo	nal Guard) Not a VA ben ;	□ Fry Scholarship e Ed. Assistance F	Program
	□ No □ Yes, If yes, s □ No □ Yes	Submit a VA form 22-19	95 to the VA. Please provide copy with this form.
If you are currently taking coursework at anoth	er institution, indicate whe	en that work will be	e completed/
If you have VA benefits, may we automatically	certify you for future term	າs based on your r	egistration?
\square Yes \square No, If no, student will be responsible for	or contacting us to request ce	ertification for each te	erm; after registering for the term.
Academic Information:			
When will you begin your studies at William Pe	enn University?	 EAR	
What degree level are you pursuing? $\ \square$ Bach			
What is your primary academic major?			
Will you be enrolled $\ \square$ full-time or $\ \square$ part-time	e? (12 credit hours is full-time	e for undergraduate	level; 9 credit hours for graduate level.)
Except for VA/Fed TA benefits will you be appl	lying any other outside fu	nding/scholarships	? ☐ Yes, If yes, please complete a FAFSA. ☐ No
Signature:			Date: