

CERTIFICATION REQUEST: VA EDUCATIONAL BENEFITS

Summer 2009

Office of Veterans Programs
The Pennsylvania State University
325 Boucke Building
University Park, PA 16802-5901

<http://www.equity.psu.edu/veterans>
Office: (814) 863-0465
FAX: (814) 865-3815

NAME: _____

HOME PHONE: _____

MAILING ADDRESS (for letters, forms, and checks from the VA):

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

NOTE: If you are planning to move, please notify our office and the VA immediately — Especially if the address change will affect receipt of your VA Educational Benefits

COLLEGE / MAJOR: (DUS, Engineering, GIS, Health and Human Development, LAS, Liberal Arts, etc.)

PROGRAM

VA EDUCATIONAL BENEFITS

- Certificate
- Associate
- Bachelors
- Masters
- Doctoral

- Montgomery GI Bill:
 - Active Duty (Chapter 30)
 - Selected Reserves (Chapter 1606)
- REAP/Reserve Educational Assistance Program (Chapter 1607)

SOCIAL SECURITY NUMBER:

VA FILE NUMBER:

PSU ID:

ENROLLMENT STATUS

- Non-Degree
- Provisional
- Degree

- Dependents (Chapter 35)
- Vocational Rehabilitation (Chapter 31)

Are you currently on active duty? Yes No

Are you receiving Federal Tuition Assistance (FTA)? Yes No

Do you have a service connected disability? Yes No

Have you ever used your benefits? Yes No

If yes, please list the name of the last school or Penn State campus location: _____

Also, list the last semester you received benefits: _____

Have you submitted forms to the VA? Yes No

If yes, which form:

- "Application for VA Educational Benefits" submitted via mail or via VONAPP
- "Change of Program or Place of Training"

If no, please submit the appropriate form and supporting documentation to our office.

Please enter below information for the course(s) for which you want to be certified:

Course Name and Number	Credits	Start and End Dates

Remarks (for Office use)

Student Signature _____ Date _____