

CERTIFICATION REQUEST: VA Educational Benefits for PENN STATE WORLD CAMPUS

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.)

SOCIAL SECURITY NUMBER:

VA FILE NUMBER:

PSU ID:

PROGRAM

- Certificate
- Associate
- Bachelors
- Masters
- Doctoral

ENROLLMENT STATUS

- Non-Degree
- Provisional
- Degree

VA EDUCATIONAL BENEFITS

- Post 9/11 GI Bill (Chapter 33)
- Montgomery GI Bill:
 - Active Duty (Chapter 30)
 - Selected Reserves (Chapter 1606)
- REAP/Reserve Educational Assistance Program (Chapter 1607)
- 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 _____