



VA EDUCATIONAL BENEFITS CERTIFICATION REQUEST FORM
Must fill out this form EACH semester you request VA Benefits

STUDENT ID NUMBER: _____ Is this your first term at Drew? Y N

NAME (last) _____ (first) _____ MI _____

ADDRESS: _____

CITY / STATE / ZIP _____

HOME PHONE _____ CELL PHONE _____

PROGRAM OF STUDY: _____ TERM/Semester _____

Type of Educational Benefit for which you may be eligible /applying: (check one)

Ch 30 Active Duty Ch 30 VRAP Ch 33 Post 9/11 Ch 1606 Reserves
 Ch 31 Voc Rehab Ch 35 Dependent

By initialing each statement below, I verify that I have read, understand and will follow each guideline:

_____ I am responsible for submitting my registration statement to the Veteran Services Office (VSO) for enrollment certification each semester. I also give consent for the VSO to certify my enrollment with Veterans Administration (VA) to process my educational benefits.

_____ If I am transferring from another college, I must have my official transcripts sent to this college as soon as possible for evaluation. If I fail to do so I am subject to having my benefits terminated.

_____ The VA will only fund courses that are required for my declared degree program.

_____ The VA will not fund classes that I elect as an Audit or pass/no credit grades. I understand that the VA may ask for repayment of tuition and fees for these classes (not chapter 31). For Chapter 31 students, I understand that tuition and fees will be managed by the VR&E program.

_____ The VA requires that all recipients of veteran educational benefits maintain progress towards their stated academic degree. Therefore, I must maintain a cumulative grade point average of 2.0 to remain eligible for VA educational benefits. If I allow my cumulative GPA to fall below 2.0, I will be placed on probation and will be allowed 2 semesters to bring my cumulative GPA up. If I fail to do so, the VA will be notified of unsatisfactory programs enrollment will not be certified to the VA. Certification may resume once my cumulative GPA has reached/exceeded 2.0

_____ It is my responsibility to notify the VSO of any changes (i.e. add, drops, etc.) to my class schedule and I will report the last date of attendance to CSO ASAP. I understand that this college is required to submit last date of attendance for W, WI and F grades.

Student Signature: _____ Date: _____