



Drew University
Request for Veteran Certification

Office of the Registrar
Madison, NJ 07940

973-408-3025
Fax: 973-408-3044

Last Name _____ First Name _____ Middle Initial _____

Student ID # _____ phone: _____ email: _____

I request that Drew University forward enrollment data to the Veterans Administration
for the following semester: _____

I am registered for _____ credits.

Student Signature

Date

For further information regarding VA benefits (<http://www.benefits.va.gov/gibill/>).