

**Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester:** \_\_\_\_\_\_\_\_\_\_

(Fall, Spring, Summer)

**Veterans Certification Request Form**

**Phone:** 610-396-6070

**Fax:** 610-396-6316

Please submit completed form to the Office of Student Aid in 6 Perkins Student Center

**Student Name (First, Last):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9** |  |  |  |  |  |  |  |  |

**PSU ID:**

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PSU Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@psu.edu

**Is this your first semester using veterans’ education benefits at Penn State Berks?** \_\_\_\_\_\_\_\_

**I am using the benefits as the (circle one):** Veteran Dependent

**Benefit Type (circle one):**

**CH 33** (POST 9/11) **CH 35** (DEA) **CH 1607** (REAP)

**CH 31** (VOC REHAB)  **CH 30** (ACTIVE DUTY) **CH 1606** (RESERVE/NATIONAL GUARD)

**Major/Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Course #** | **Credits** | **Designation (In-person, web, hybrid)** | Course Campus Location |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PLEASE INITIAL EACH LINE TO INDICATE THAT YOU READ AND UNDERSTAND YOUR RESPONSIBILITIES**

\_\_\_\_ I must complete a new Veteran Certification Form for Berks **EACH** semester that I wish to use education benefits.

\_\_\_\_ I understand that **ANY** registration changes or enrolling in a course not required to fulfill my stated educational objectives may change my eligibility for GI Bill Educational benefits.

\_\_\_\_ I **MUST** notify the campus certifying official if I add, drop, withdraw or otherwise stop attending any of my classes.

\_\_\_\_ It is my responsibility to promptly notify the campus certifying official of any registration changes.

\_\_\_\_ I understand that I must make satisfactory progress toward my educational goal and that the school will report changes in my enrollment status, lack of academic progress, and any other information requested by the VA.

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Failure to complete any portion of this form may result in your certification not being processed \**

**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_ Date processed: \_\_\_\_\_\_\_\_\_\_\_\_