

CERTIFICATION REQUEST: PSU YORK CAMPUS

Fall 2016

Office of Veterans Programs
The Pennsylvania State University
1031 Edgecomb Ave.
York, PA 17403

<http://www.equity.psu.edu/veterans>
Office: (717)771-4045
FAX: (717)771-4016

**York Campus
ONLY**

NAME: _____ PHONE: _____

MAILING ADDRESS (for letters, forms, and checks from the VA): _____ ALT. PHONE: _____

_____ E-MAIL ADDRESS: _____

(PLEASE NOTIFY THE VA IMMEDIATELY IF YOU HAVE A CHANGE OF ADDRESS)

**** Changes in enrollment WILL affect your benefit. Consult with a counselor BEFORE making any changes. ****

MAJOR / PROGRAM:
SOCIAL SECURITY NUMBER XXX-XX-
VA FILE NUMBER (Chapters 31 & 35)
PSU ID:

PROGRAM

- Certificate
- Associate
- Bachelors
- Masters

ENROLLMENT STATUS

- Non-Degree
- 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 Educational Assistance Program (Chapter 35)
- Vocational Rehabilitation (Chapter 31)

****THIS SECTION IS FOR NEW POST 9/11 (CHAPTER 33) STUDENTS ONLY: ****

We must receive your Certificate of Eligibility (C of E) in order to credit your account appropriately.

Are you submitting your C of E with this form? Yes No If no, was it submitted to us previously? Yes (when? _____) No
If you have not yet received your C of E, on what date did you submit your Application for VA Educational benefits? (via mail or online through VONAPP at www.gibill.va.gov) _____

How many credits do you plan to take Fall 16?	Do you plan to graduate this semester? Yes <input type="radio"/> No <input type="radio"/>
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Remarks (for Office use)

AFJV _____

VA Once _____

Student Signature _____

Date _____