

Wesley College
Veterans Certification Request Form



Name _____ Wesley Id # _____

Mailing Address _____

City _____ State _____ Zip _____ Phone # _____

Wesley Email _____ VA File # _____

I am aware that I must complete this form each semester after registering for classes. Only courses that meet degree requirements will be certified. I understand that courses that may have a different start date from the standard term are certified separately and may affect VA rate of pay. It is the students responsibility to refund any overpayments received due to adjustments in enrollment status.

Veteran Benefit Information:

Please indicate benefit (Check One)

- Chapter 33 NEW Post 9/11 GI Bill
- Chapter 30 Current/Former Active Duty
- Chapter 1606 Montgomery GI Bill- Selected Reserve
- Chapter 1607 Reserve Educational Assistance Program (REAP)
- Chapter 35 Survivors' & Dependents' Educational Assistance
- Chapter 31 Vocational Rehabilitation & Employment

Are you a:

- Veteran
- Active Duty
- National Guard
- Reservist
- Dependent/Spouse of Veteran

Current Degree Program _____

Check here if you have changed your major since last certification (**A 22-1995 form will have to be completed when changing or declaring major**).

New Major _____ Expected Graduation Date _____

Term:

Please indicate term (check one) Total Number of Credit Hours for this term _____

- Fall- 14 wk Fall I- 8 wk Fall II- 8 wk Spring- 14 wk Spring I- 8 wk Spring II- 8wk
- Summer- 12wk May Term- 3 wk Summer I- 8wk Summer II- 8wk Winterim

The completion of this form authorizes the Veterans Certification Coordinator to certify enrollment and provide academic record information to the Department of Veteran Affairs to ensure the receipt of Educational Benefits. For all students who are undeclared, a student cannot be certified beyond his or her sophomore year unless a major is declared. I understand that I must complete this form each term in order to receive benefits. It is my responsibility to notify the Veterans Affairs coordinator within two weeks of adding, dropping or withdrawing from a course. I certify to the best of my knowledge the above information is accurate and complete.

Student's Signature _____ Date _____

For Office Use Only:	Date Certified: _____
<input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime	Comments: _____
<input type="checkbox"/> 12/14 wks <input type="checkbox"/> 1 st 8wks <input type="checkbox"/> 2 nd 8 wks	_____

Please submit completed form to: Wesley College, Office of the Registrar- VA Coordinator
120 N. State St., Dover, DE 19901 or fax to: 302.736.2356

revised 7/7/11