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 student’s 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

☐ Check here if you have changed your major since last certification

New Major ____________________________ Expected Graduation Date __________________

Current Degree Program __________________________________________________________

Term:
Please indicate term (check one below): Total Number of Credit Hours for this term __________

☐ Fall- 14 week ☐ Fall I ☐ Fall II ☐ Spring- 14 week ☐ Spring I ☐ Spring II
☐ Summer 12 week ☐ Summer- 3 week ☐ Summer- 6 week ☐ 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:
☐ Fulltime ☐ Parttime Comments: __________________________
☐ 12/14 wks ☐ 1st 8wks ☐ 2nd 8 wks Date Certified:_________

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 9/19/19