

Registrar's Office

600 South 43rd Street, Philadelphia, PA 19104-4495
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Philadelphia College of Pharmacy
Misher College of Arts and Sciences
Samson College of Health Sciences

Mayes College of Healthcare Business and Policy

Veterans' Benefit Certification Form

Personal Information

Student's Name: _____ University ID#: _____

School email address: _____ SSN#: _____

Home address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Academic Information

Semester to be certified for VA Benefits and # of credits to be taken: _____ Fall _____ Spring _____ Summer

Academic Year: _____ 2017-2018 _____ 2018-2019

Class level: U1 U2 U3 U4 P1 P2 P3 P4 GR [Certificate, MBA, MS, MPH, PhD]

College and Major: _____

Veteran/Military Status

_____ Active Duty _____ Veteran _____ Dependent/Spouse of Active Duty Service Member

_____ Dependent/Spouse of Veteran

VA Chapter – Complete one below

_____ Chapter 30 Active Duty _____ Chapter 1606 Selected Reserves _____ Chapter 1607 –REAP

_____ Chapter 33 and Percentage _____ Chapter 33 Yellow Ribbon (100%)

_____ Chapter 31 Vocational Rehab
Counselor Name/Phone and email address _____

_____ Chapter 35 Dependent Ed Assistance
Please provide SS# of the veteran receiving benefits from or File # _____

Student Signature - By signing, you

- Agree and want to certify for benefits for this semester;
- The credits you are registered for count towards the degree requirement of your program;
- You understand that upon exhaustion of your VA benefits, you are solely responsible for paying back any balance due to University of the Sciences in Philadelphia and/or the VA

Signature _____ Date _____

Rev: 5/2017

