



2018-19 Veterans' Benefit Certification Form

Personal Information

Student's Name: _____ University ID#: _____

School email address: _____ SSN#: _____

Home address: _____

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

Academic Information

Check each semester for which you are requesting certification for VA Benefits:

_____ Summer 2018 _____ Fall 2018 _____ Spring 2019 _____ Summer 2019

Enter the Number of credits expected to enroll each semester:

_____ Summer 2018 _____ Fall 2018 _____ Spring 2019 _____ Summer 2019

Circle 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;
- 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 _____

Return this form to the USciences Financial Aid Office or USciences' Registrar's Office each academic year to request benefit certification.

A copy of your Certificate of Eligibility is required before any certification will be submitted by USciences to the VA.