



DREXEL UNIVERSITY  
**Drexel Central**  
 Student Financial and  
 Registration Services

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 DREXEL.EDU/DREXELCENTRAL

## VETERAN'S BENEFITS CERTIFICATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Drexel ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Drexel E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Grade Level: Undergraduate Graduate

**PLEASE SELECT THE ACADEMIC YEAR:**

**PLEASE SELECT YOUR CURRENT STATUS:**

2013-2014

Active Duty

2014-2015

Veteran

Dependent or Spouse of Active Duty Service Member

Dependent or Spouse of Veteran

**INDICATE THE NUMBER OF CREDITS YOU WILL BE ENROLLED FOR EACH TERM OF THE ACADEMIC YEAR. FOR TERMS YOU WILL BE ON CO-OP, PLEASE INDICATE 16 CREDITS.**

Fall Term \_\_\_\_\_ Winter Term \_\_\_\_\_ Spring Term \_\_\_\_\_ Summer Term \_\_\_\_\_

**SELECT THE VA CHAPTER YOU WILL BE RECEIVING BENEFITS FROM:**

**\* If you are Chapter 35, please enter your VA File Number**

30 - Active Duty

1606 - Selected Reserves

1607 - REAP

35 - Dependent Educational Assistance \*

33 - Percentage \*\*

31 - Vocational Rehabilitation Counselor \*\*\*

**\*\* If you are Chapter 33, please enter your eligibility percentage**

**\*\*\* If you are Chapter 31 please enter your counselor's e-mail address**

**BY SIGNING BELOW, YOU CERTIFY THAT:**

- THE CREDITS YOU ENROLL IN COUNT TOWARDS DEGREE REQUIREMENTS FOR YOUR PROGRAM.
- YOU HAVE DISCUSSED WITH THE OFFICE OF ADMISSIONS AT THE TIME OF YOUR ACCEPTANCE THE POSSIBILITY THAT YOU MAY HAVE CREDITS FROM A PRIOR INSTITUTION TRANSFER TO DREXEL THAT WILL BE APPLIED TOWARDS YOUR DEGREE.
- YOU UNDERSTAND THAT UPON EXHAUSTION OF YOUR VA BENEFITS, YOU ARE SOLELY RESPONSIBLE FOR PAYING YOUR BALANCE DUE TO DREXEL.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_