

VETERANS BENEFITS CERTIFICATION REQUEST

Student Resource Center/Financial Aid • 3141 Chestnut Street, Philadelphia, PA 19104 Fax: 215-895-6903

This form should be completed once per academic year. Visit www.drexel.edu/src/veterans for detailed instructions and additional requirements. **Student Information** Name First Middle Initial Last Address ZIP City State Telephone Number Program of Study **Email Address** Social Security Number VA File Number ☐ I am currently on active duty. **Academic Information** Academic Year: **2**011–2012 □ 2012–2013 □ 2013–2014 Please indicate the number of credits you expect to schedule for the following terms: Note: Co-op accounts for 16 credits per term Fall Term Winter Term Spring Term Summer Term Please indicate Chapter of MGIB: ☐ Chapter 30 – Active Duty ☐ Chapter 1606 – Selected Reserves ☐ Chapter 1607 – REAP ☐ Chapter 35 – Dependent Educational Assistance ☐ Chapter 33 Percentage __ ☐ Chapter 33 and Yellow Ribbon If using Chapter 33 or Chapter 33 and Yellow Ribbon benefits, please check the following boxes if they apply: ☐ I am eligible for this benefit based on my military service. ☐ I am eligible for this benefit based on my parent's military service. ☐ I am eligible for this benefit based on my spouse's military service. I certify that the credits I enroll in count toward degree requirements for my stated degree. Student Signature Date