

Veterans' Co-op Certification Request Form

Personal Information

Student's Name _____ University ID _____
Drexel Email _____ SSN _____
Street Address _____
City _____ State _____ ZIP _____ Phone _____

I am requesting that my Chapter 33 benefits be certified while I am on co-op. I acknowledge (Please initial):

1. By requesting certification over co-op, I am using approximately 3 months of full-time benefits. I will receive my BAH stipend, and tuition and fees as if I was enrolled in a full-time course load.	_____
2. By certifying while on co-op I acknowledge that I may not have enough benefits to cover me throughout the entirety of my program.	_____
3. My benefits are being used to cover the University fee, as I am not billed full tuition for terms while I am on co-op.	_____

Student Signature _____

Drexel ID _____

Date _____

School Certifying Official Signature _____

Date _____