

Veterans' Benefits Certification Form

Personal Information

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

Academic Information

Grade Level: _____ Undergraduate _____ Graduate
Academic Year: _____ 2023-2024 _____ 2024-2025
College/Major _____

Military Affiliation (Select One)

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

VA Chapter (Select One)

Chapter 30 — Active Duty Chapter 1606 — Selected Reserves Chapter 31 — Vocational Rehabilitation Counselor*
 Chapter 33 — Post 9/11 GI Bill** Chapter 35 — Survivors & Dependents Assistance***
 Chapter 33 — Yellow Ribbon (Must have 100 percent eligibility under Post-9/11 GI Bill)

Please provide the additional information below

*Chapter 31 — Please provide counselor's email address _____

**Chapter 33 (Percentage) — Please provide eligibility percentage _____

***Chapter 35 — Please provide the Social Security number of the veteran you are receiving benefits from _____

Signature

By signing below, you are certifying that:

- The credits you register for count towards the degree requirements of your program.
- You discussed with the Office of Admissions at the time of your admission to Drexel University the possibility that you may have credits from a prior institution that have been transferred to Drexel and will be applied towards your degree program requirements.
- You understand that upon exhaustion of your VA Benefits, you are solely responsible for paying any balance due to Drexel.

Signature _____ Date _____

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by the VA is available on the official U.S. government website at benefits.va.gov/gibill.