

Veterans' Do Not Certify Request Form

Personal Information

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

I am requesting that you do not certify my education benefits for the _____ term. I would like my benefits to resume for _____ term. I understand that I will not receive any benefits while I have no active certification on file, and understand that I am responsible for any account activity I may incur while off certification.

Student Signature _____

Drexel ID _____

Date _____

School Certifying Official Signature _____

Date _____