



Office of Veterans Programs Enrollment Certification Request Form

Fall Spring Summer
Year: _____

STUDENT INFORMATION

Name: _____
Address: _____

Phone: _____
PSU email: _____@psu.edu
Social Security # _____
PSU ID # _____

Military Affiliation:
 Veteran National Guard/Reserves
 Active Duty Non-military/Dependent
Branch of Service:
 Air Force Marine Corps
 Army Navy
 Coast Guard
Is this your first semester Penn State Lehigh Valley? Yes No
Do you have a service-connected disability? Yes No
Are you responsible for dependents? Yes No

VETERANS AFFAIRS EDUCATION BENEFITS (Must apply through VA at benefits.va.gov/gibill/apply.asp)

- Chapter 33: Post 9/11 GI Bill ****Required: VA Certificate of Eligibility****
- Chapter 31: Vocational Rehabilitation ****Required: VA Form 28-1905****
- Chapter 30: Montgomery GI Bill
- Chapter 1606: Montgomery (Reserve/National Guard) GI Bill
- Chapter 35: Dependents Educational Assistance Program ****Required: VA File Number _____****

ACADEMIC INFORMATION

Program of Study: Certificate Associates Bachelors Non-Degree
Major: _____

Course Name & Number	Credits	Campus	Course Name & Number	Credits	Campus

FINANCIAL AID

Have you completed your Free Application for Federal Student Aid (FAFSA)? Yes No
Apply for additional federal financial aid at fafsa.ed.gov. For more information, visit studentaid.psu.edu.

Indicate any *tuition-specific* financial aid you are utilizing below:

- Federal Tuition Assistance (TA) Penn State Employee/Staff Discount Seaman to Admiral Program (STA-21)
- ROTC Scholarship Other: _____

Be advised, we are required to deduct *tuition-specific* financial aid from the total tuition reported to the VA.

STUDENT RESPONSIBILITIES/ACKNOWLEDGMENTS

It is my responsibility to request certification with the Office of Veterans Programs for each semester in which I intend to utilize the VA educational benefits.

It is my responsibility to consult with a Veterans Counselor prior to making any enrollment change and to report any changes in status (i.e., enrollment, program of study, contact information) to the Office of Veterans Programs as soon as it occurs.

It is my responsibility to notify the Office of Veterans Programs of any changes in my VA education benefit. I am responsible for any debt owed to Penn State or the VA due to limited/exhausted entitlement or an overpayment in my education benefits.

I certify that I have read this document in full and understand my responsibilities as outlined above.

Student Signature: _____ Date: _____

Office of Student Aid, Penn State Lehigh Valley, 2809 Saucon Valley Road, Center Valley, PA 18034

Phone: 610-285-5033 Fax: 610-285-5220 Email: mxh61@psu.edu Website: lehighvalley.psu.edu/student-life/veterans-services