

# CERTIFICATION REQUEST: PSU HARRISBURG

Office of Veterans Affairs  
Swatara Building  
777 West Harrisburg Pike  
Middletown, PA 17057

**Summer 2017**

Fax: 717-948-6384

Phone: 717-948-6099 or 717-948-6307

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MAILING ADDRESS (for letters, forms, and checks from the VA):  
\_\_\_\_\_  
\_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**NOTE: Please notify the VA IMMEDIATELY if you have a change of address.**

MAJOR / PROGRAM:

SOCIAL SECURITY NUMBER:

VA FILE NUMBER:

PSU ID:

PROGRAM

- Certificate
- Associate
- Bachelors
- Masters
- Doctoral

ENROLLMENT STATUS

- Non-Degree
- Degree

VA EDUCATIONAL BENEFITS

- Post 9/11 GI Bill (Chapter 33)
- Montgomery GI Bill:
  - Active Duty (Chapter 30)
  - Selected Reserves (Chapter 1606)
- REAP/Reserve Educational Assistance Program (Chapter 1607)
- Dependents Educational Assistance Program (Chapter 35)
- Vocational Rehabilitation (Chapter 31)

Are you currently on active duty? Yes  No

Are you receiving Federal Tuition Assistance (FTA)? Yes  No

Do you have a service connected disability? Yes  No

Have you ever used your benefits? Yes  No

If yes, please list the name of the last school or Penn State campus location: \_\_\_\_\_

Also, list the last semester you received benefits: \_\_\_\_\_

Have you submitted forms to the VA? Yes  No

If yes, which form:

"Application for VA Educational Benefits" submitted via mail or via VONAPP (at [www.gibill.va.gov](http://www.gibill.va.gov))

"Change of Program or Place of Training"

Course Name and Number (Example: ENGL 015)	How many credits is this course?	Course Start AND End date? (ex: 05-05-17 - 08-09-17)

**Signature Required for Certification**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

It is **YOUR** responsibility to **IMMEDIATELY NOTIFY** the Veteran Affairs office at Penn State Harrisburg of ANY drops or adds during the semester.