



# OAKWOOD UNIVERSITY

## CERTIFICATION REQUEST FOR VA BENEFITS

Instructions: Please Type or Print. Complete every semester in order to receive the monthly educational benefit.

\*Name [Last, First, MI]: \_\_\_\_\_ \*Student ID# \_\_\_\_\_

\*Social Security No. \_\_\_\_\_ \*Birth date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### VA Benefit Chapter:

- Chapter 33 (Post 9/11)
- Chapter 30 (Montgomery GI Bill)
- Chapter 31 (VOC Rehab)
- Chapter 1606 (Select Reserve)
- Chapter 1607 (REAP)
- Chapter 35 (Dependent)

Are you currently on Active Duty?  Yes  No

### Chapter 35 Only:

VA File # \_\_\_\_\_

Child  Spouse

**Only courses that apply towards a degree at Oakwood University can be certified.**

Degree:  AA  AS  BA  BBA  BM  BS  BSW  MA

Major \_\_\_\_\_ Academic Year \_\_\_\_\_

Crs Code	_____ Semester		Crs Code	_____ Semester	
	Course Title	Credit Hrs		Course Title	Credit Hrs

I certify that all information contained herein is complete and correct. I understand that completion of the form assures me of enrollment certification with the Department of Veterans Affairs. I understand that continued eligibility for VA educational benefits relies upon my meeting satisfactory academic progress. I am required to immediately notify the VA Certifying official of any schedule changes. I understand that I receive benefits only for courses that must be completed to meet graduation requirements.

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

For Oakwood VA Office Use Only

Hours on campus: \_\_\_\_\_ Total Tuition: \_\_\_\_\_ Total Fees: \_\_\_\_\_ Remedial Hours: \_\_\_\_\_ Total Hours: \_\_\_\_\_