

Worcester Polytechnic Institute

Office of the Registrar

WPI Request for Certification of VA Benefits

Initial Certification Request (first certification for the semester)

Adjustment Request (please check this box if you have changed the # of credits you have registered for)

Instructions: Please provide the information requested below and return the form to the Office of the Registrar in Daniels Hall. Submission of this form is required before you will be certified to the VA.

NOTE: It may take the Department of Veterans Affairs up to 4 to 6 weeks to process certifications.

Name: _____ Student ID: _____

Home Address: _____ City _____ State _____ Zip _____

Email Address: _____ Phone Number: (_____) _____ - _____

VA File Number (For Chapter 35): _____
(if different from SSN)

Degree/Certificate Pursuing: _____ Major: _____
(BA, BS, MS, PHD, etc.)

VA Education Benefit Information

(please check one of the following)

- | | |
|---|---|
| <input type="checkbox"/> Chapter 30 - Montgomery GI Bill® | <input type="checkbox"/> Chapter 35 - Survivors & Dependents Educational Assistance Program |
| <input type="checkbox"/> Chapter 31 - Vocational Rehabilitation for Service Disabled Veterans | <input type="checkbox"/> Chapter 1606 - Montgomery GI Bill®-Selective Reserves |
| <input type="checkbox"/> Chapter 32 - Veterans Educational Assistance Program | <input type="checkbox"/> Chapter 1607 - Reserve Educational Assistance Program |
| <input type="checkbox"/> Chapter 33 - Post 9/11 GI Bill® | <input type="checkbox"/> Other <input type="checkbox"/> GoArmyEd® |
| Please indicate eligibility percentage _____% | <input type="checkbox"/> Air Force Tuition Assistance |
| | <input type="checkbox"/> _____ |

Enrollment Information

*Please indicate the upcoming semester and the number of credits.
Only request one semester at a time. Please use a new form for each semester.*

*Attention Undergraduate Students
Certifications are reported in terms of credits, not units.
1/3 Unit = 3 Undergraduate Credits

<u>Semester</u>	<u>Year</u>	<u>Total Number of Credits*</u>	<u>How Many of These Credits are From Online Courses?</u>
_____	20____	_____	_____

Please complete both sides of this form.

508-831-5211 (tel) 508-831-5931 (fax)

100 Institute Road, Worcester MA 01609-2280
wpi.edu/+registrar

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Statement of Understanding

- I understand that I must provide a copy of my Certificate of Eligibility to the WPI VA Representative before I can be certified.
- I understand that it is my responsibility to notify the WPI VA Representative of my enrollment by submitting this form EACH SEMESTER.
- I understand that only courses that count towards my degree will be certified with the VA.
- I understand that I must notify the WPI VA Representative immediately of any enrollment changes (adding/dropping/withdrawing from courses).
- I understand that enrollment changes may affect the VA benefit amounts paid on my behalf even after funds have been disbursed.
- I understand that I am responsible for paying any charges resulting from a change in enrollment or VA eligibility.
- I understand that completion of this form will allow me to be certified to the VA, but does not guarantee payment from the VA.
- I understand that the VA can discontinue my benefits if I do not maintain satisfactory progress according to WPI's standards as outlined in the WPI undergraduate catalog.
- I understand that an employee or liaison of WPI is not able to quote or guarantee amounts that will be received from the VA for my student account.

I have read and understand the above statements and agree to comply.

Student Signature: _____ **Date:** _____

If you have any questions regarding this form, please contact WPI's Veterans Affairs Representative, Patrick LaRiviere, at 508-831-6753 or plariviere@wpi.edu

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