

## **Veterans' Benefits Certification Form**

Personal Information				
Student's Name			University ID	
Drexel Email		\$	SSN	
Street Address				
City	State	ZIP	Phone	
Academic Information				
Grade Level:Undergraduate	Graduate			
Academic Year:2025-2026	2026-2027			
College/Major				
Military Affiliation (Select One)   Active Duty Veteran   Dependent of Active Duty Member/Veteration	-	ervice Member	Spouse of Veteran	
VA Chapter (Select One)				
Chapter 30 — Active Duty	Chapter 1606 — Selecte	d Reserves	Chapter 31 — Vocational Rehabilitation Counselor*	
Chapter 33 — Post 9/11 GI Bill**	Chapter 35 — Survivors	& Dependents A	ssistance***	
Chapter 33 — Yellow Ribbon (Must have	100 percent eligibility un	der Post-9/11 GI	Bill)	
Please provide the additional information below				
*Chapter 31 — Please provide counselor's email	address			
**Chapter 33 (Percentage) — Please provide elig	ibility percentage			
***Chapter 35 — Please provide the Social Secur	ity number and the first a	and last name of	the veteran you are receiving benefits from	

## Signature

By signing below, you are certifying that:

- The credits you register for count towards the degree requirements of your program.
- You discussed with the Office of Admissions at the time of your admission to Drexel University the possibility that you may have credits from a prior institution that have been transferred to Drexel and will be applied towards your degree program requirements.
- You understand that upon exhaustion of your VA Benefits, you are solely responsible for paying any balance due to Drexel.

Signature

Date \_\_\_\_\_

GI Bill<sup>®</sup> is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by the VA is available on the official U.S. Government website at **benefits.va.gov/gibill**.