

**DIVISION OF ACADEMIC AFFAIRS
Office of the Registrar
Veteran's Certification Request Form**

Instructions: This form must be submitted for **each semester** you wish to receive VA benefits. After you have registered for classes, please complete, sign and return this form to the Unit of Student Records before the official census date.

Name:	Wiley ID #:
Home Phone:	Cell Phone:
Wiley Email Address:	

TERM: Fall Spring Summer (*circle one*) YEAR: _____

Is this the first time you are using your VA benefits at Wiley? Yes _____ No _____

Have you used your VA benefits at any other school? Yes _____ No _____

If yes, please list the school(s):

Check VA Education Benefits program:

_____ Chapter 33 (Post 9/11 GI Bill*)

*IMPORTANT: Have you submitted your Certificate of Eligibility? Yes _____
No _____

If no, please submit as soon as possible to protect your schedule from cancellation for non-payment.

_____ Chapter 30 (Montgomery GI Bill)

_____ Chapter 35 (Survivors and Dependents)

_____ Other _____

The completion of this form authorizes the Veterans' School Certifying Official to certify my enrollment and provide academic record information to the Department of Veterans Affairs. I understand that I must complete this form each semester to receive benefits.

It is my responsibility to notify the Veterans' School Certifying Official if I add or drop any courses, or withdraw from the College, change my major, or have any other changes in my enrollment status or registration. I may do this in person or through my student email to: registrar@wileyc.edu

I understand that VA enrollment certification will be submitted to the Department of Veterans Affairs after the official census date of each semester.

Signature: _____ Date: _____