## SHIPPENSBURG UNIVERSITY, DEPARTMENT OF VETERANS BENEFITS

## SUMMER TERM A 2024 APPLICATION FOR VETERANS' ENROLLMENT CERTIFICATION

## FORM MUST BE SUBMITTED TO VETAFFAIRS@SHIP.EDU OR DELIVERED TO MOWREY HALL 207.

## **PERSONAL INFORMATION:**

YOUR NAME:	SUID:	SSN:	
LOCAL ADDRESS:			
SHIP EMAIL ADDRESS:	CELL PHONE:	ALT EMAIL ADDRESS:	
MAJOR: ARE	YOU A CONTINUING, TRANS	FER, FIRST-TIME STUDENT:	
GRADE LEVEL (Undergrad, Grad, Non-Degree (2 semesters only) or Certification):			
	VA EDUCATION BENEFITS	S (CHECK ONE):	
Chapter 30 – Active-Duty Montgomery			
Chapter 33 – Post 9/11 Montgomery G	31 Bill – (Active Duty time after 9	/11/01)	
Chapter 1606 – Reservist or National 0	Guard (Never deployed to active	e duty)	
Chapter 1607 – Reserve Education As	sistance Program (REAP) – (or	n Active-duty deployment)	
Chapter 35 – VA Education Benefits: \	/A Claim Number	SPOUSE DEPENDENT	
SSN of person transferring benefits t	to you:		
Chapter 31 – Veterans Readiness and	d Employment (VR&E) – Forme	r Voc. Rehab	
Are these your military benefits? YES _	NO		
Which military branch were you in: ARM *Or which branch was the person transferrir		MARINES COAST GUARD	
Were these education benefits transferred to	o you? NO YES (TRA	NSFERRED FROM: PARENT SPOUSE)	
Number of credits for <u>SUMMER TERM</u>	<u>/ A 2024</u>		
If a new student what is the number of	f credits you will be transferring	to Shippensburg University	

(Student's Signature)

(Date)

FOR DEPARTMENT USE ONLY		
Certificate of Eligibility on File		
Veterans Instate Tuition Review		
Confirmed credit count		
Folder		
Documents Printed		
Certification Complete		
Re-Certification & Credit Check Complete		

Updated: 4.3.2024