



VETERAN MEMORANDUM
Wheeling University

Name: _____ Student ID: _____
First Middle Last

Address: _____
Street Address City State Zip

Email: _____ Phone: _____

Chapter/Benefit: 30 Montgomery (Active Duty) 31 Vocational Rehabilitation 33 Post 9/11 GI Bill
 35 Spouse/Dependent (DEA) 1606 Montgomery (Reserve/National Guard)

Program/Major: _____ Graduation Expectancy: _____

Type of Degree: Undergraduate Graduate DPT ACT
Has your major changed since your last certification? Yes No
(Changes in Program/Major MUST be reported and approved by the VA)

Enrollment: I will enroll for _____ hours for Fall Spring Summer semester of 20____.
credits Select Semester Year

Are any courses on-line? Yes No Are any courses being repeated? Yes No

Please keep in mind that non-punitive grades such as “NCR”, “W”, and “X” are not acceptable to the Veterans Administration for payment of benefits. **It is the student’s responsibility to report changes in his or her enrollment to the certifying official. It is extremely important that you not withdraw from classes if your course load will be reduced to below the level for which you were certified.** If you withdraw from courses and receive the grades listed above, the Veterans Administration will consider you as being overpaid for the entire semester unless you can provide proof to them that there were mitigating circumstances involved (*returning funds for overpayment is the student’s obligation*). In summary, **before dropping any classes or before you cease attending classes**; please check with the VA certifying official in the Registrar’s Office to determine any consequences.

This is to certify that I have read the above information.

Signature: _____ Date: _____

Wheeling University
Office of the Registrar
316 Washington Ave., Wheeling, WV 26003
Phone: (304) 243-2238 | Fax: (304) 243-2349
Email: registrar@wju.edu