



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

Veteran's Benefits Request Form

Date: _____

(You **MUST** have a Certificate of Eligibility on file to request/receive benefits)

Name: _____
Last First MI

VA File Number/SSN: _____ (you must fill this in)

Mailing Address: _____

Phone: _____

Email: _____

Alt. Email: _____

Veteran Status (Check One)

☐ Active Duty

☐ Spouse of Veteran/Active Duty

☐ Veteran

☐ Child of Veteran/Active Duty

Benefits Chapter (Check One)

☐ CH 30 Montgomery GI Bill

☐ Other : _____

☐ CH 33 Post 9/11 GI Bill Percentage of Eligibility: _____

CCPE Certificate Program

Name of Program: _____

Are you currently enrolled in any courses or programs at another school? (Y/N) _____

If yes, please indicate school and completion date: _____

You must notify School Certifying Official of any enrollment changes

Total Program Tuition: _____

Start Date: _____ End date: _____

Student Signature (required): _____

Date: _____

Submit to Lauren Dyer, Certifying Official: ccpevabenefits@georgetown.edu or fax to (202) 784-7231