SUMMER REQUEST
FOR ENROLLMENT CERTIFICATION

Office of the Registrar
2300 Adams Avenue
Scranton, PA 18509
Phone: (570) 348-6280
Fax: (570) 961-4758
E-mail: registrar@maryu.marywood.edu
Website: www.marywood.edu

Session Information
I am requesting enrollment certification for the following summer session(s):

☐ First six-week summer session
   (Monday, May 21 to Thursday, July 5)

☐ Second six-week summer session
   (Monday, July 9 to Friday, August 17)

Benefit Information
Please select your benefit (check only one):

☐ Montgomery GI Bill (Chapter 30)
☐ Selected Reserve (Chapter 1606)
☐ Post-9/11 (Chapter 33)
☐ Survivor/Dependent (Chapter 35)
☐ Reserve Educational Assistance (Chapter 1607)
☐ Vocational Rehabilitation (Chapter 31)

Student Information

Last Name                  First Name                Initial    Maiden (if applicable)

Street Address            City                     State      Postal Code

(_______)__________________ (_______)__________________
Home Phone                Mobile Phone             Student Identification Number

Alternate E-Mail Address (other than your Marywood student e-mail)

Will you be taking classes at a college/university other than Marywood University?
☐ Yes  ☐ No

If yes, an Undergraduate/Graduate Transfer of Credit form may be obtained from our office, LAC 90 or via the web at http://www.marywood.edu/registrar/forms.html

Student Certification and Acceptance of Terms
- Changes in the number of hours of enrollment will be reported to the VA and may affect your eligibility.
- You must notify the Veteran’s Certifying Official of any changes in your status including but not limited to a change in your declared major, if you elect to receive payments under a different benefit program, if you initiate action to withdraw from the University, or if you are called to active duty.
- You must be admitted to a degree program to receive VA benefits.

Department of Veterans Affairs
The Department of Veterans Affairs (VA) supervises the programs of all students receiving VA benefits. You have agreed to this supervision by signing the application for benefits. In addition, your signature allows Marywood University through its Certifying Official to release school records to the VA.

Student Signature: ___________________________ Date: ____________

FOR OFFICE USE ONLY

Date Received: ____________ Initials: ____________ Date Certified in VA Once: ____________