

VETERANS MEMORANDUM OF UNDERSTANDING

CASE WESTERN RESERVE UNIVERSITY

OFFICE OF THE UNIVERSITY REGISTRAR

10900 EUCLID AVE, CLEVELAND, OH 44106-7042

PHONE: (216) 368-431 FAX: (216) 368-8711 EMAIL: registrar@case.edu

Name:
(Last) (First) (Middle)

SSN: Please provide to CWRU School Certifying Official upon request 7 Digit or Network CWRU ID:

Mailing Address:

City: State: Zip Code:

Phone Number: CWRU Email Address: @case.edu

Name of Degree Program / Associated School:

Please check all that apply:

☐ Veteran ☐ Reservist/National Guard Member ☐ Dependent/Spouse of a Veteran ☐ Active Duty Status

Important information for transfer students and those anticipating a change of program at CWRU: By signing this form, I acknowledge that I have submitted [VA Form 22-1995](#), Request for Change of Program or Place of Training to the VA, defining CWRU as my place of training.

Please check off the box with the appropriate Chapter Number from the list below for which your benefits should be applied, according to your Certificate of Eligibility:

☐ [Chapter 30](#) - Montgomery GI Bill

☐ [Chapter 31](#) - Vocational Rehabilitation & Employment Program

Case Worker Name:

Case Worker Email:

☐ [Chapter 35](#) - Survivors' & Dependents' Educational Assistance

VA File Number:

☐ [Chapter 1606](#) - Montgomery GI Bill - Select Reserve

☐ [Chapter 1607](#) - Montgomery GI Bill - Reserve Educational Assistance Program (REAP)

☐ [Chapter 33](#) - NEW Post 9/11 GI Bill

☐ [Chapter 33 Yellow Ribbon](#) (100% Eligibility Required)

The completion of this form authorizes the School Certifying Official (SCO) to certify my enrollment and provide academic record information to the Department of Veteran Affairs to ensure the receipt of Educational Training Benefits. I understand that it is my responsibility to notify the SCO immediately upon adding, dropping, or withdrawing from a course. I assume all responsibility resulting from not complying with policies and practices of the VA itself, as well as those of the CWRU Registrar's Office.

Student's Signature

Date

Please submit completed form and a copy of your Certificate of Eligibility to: Office of the University Registrar, 10900 Euclid Ave, Cleveland, OH 44106-7042 or Fax to: 216-368-8711.

Please note, official communications from the University may be sent electronically using the student's University-assigned email address. However, please refrain from sending documents that may include personal and/or sensitive information over this medium. The University expects that students will read such official communications in a timely fashion. More information can be found by reviewing our [FAQs](#).