

UNIVERSITY OF HARTFORD

Veterans Benefits-Request for Enrollment Certification

Name: _____ UOH ID#: _____

Contact Information (phone/email): _____

Are you: **Veteran-Active duty** _____
 Veteran-Not Active duty _____
 Dependent spouse _____
 Dependent child _____

Which Veterans Benefit Program:

(If you have not provided your Certificate of Eligibility Letter previously or there is an update, include with this form)

- _____ CH. 30 (MGIB)
- _____ CH. 31 (VOC REHAB) **Attach Current VA Form 28 1905**
- _____ CH. 35 (DEA) **VA File #:** _____
- _____ CH. 1606 (RESERVE)
- _____ CH. 1607 (REAP)
- _____ CH. 33 (POST 9/11) **What Percentage of eligibility?** _____

For which term do you wish to be certified (circle one):

Fall Winter Spring Summer I Summer II

Please Read and Initial Student Responsibilities:

_____ I understand that I must complete this form each semester that I want my enrollment to be certified.

_____ I agree to inform the School Certifying Official if I add/drop any classes or make any changes of enrollment.

_____ I agree to inform the School Certifying Official of any changes regarding my major or program of study.

SIGNATURE: _____ DATE: _____