

INSTRUCTIONS:

- Complete this form in its entirety. Do not leave blanks.
- Return the completed form to your campus VA certifying official.
- For your first semester at any UCONN campus, turn in your Certificate of Eligibility (CoE) to your campus VA certifying official.
- Continue to submit a Form D prior to the fee bill due date every semester you attend UCONN.

Last Name	First Name	MI
Student ID Number	Daytime Phone Number	Cell Phone Number
Email Address	Date of Birth	Date Submitted
Address (Street, City, State, Zip Code)		

- Major: _____
- Status: ☐ Undergraduate ☐ Graduate
- Has any of the above information changed since last semester? ☐ Yes ☐ No
- Are you planning to graduate this semester? ☐ Yes ☐ No

☐ Fall ☐ Spring ☐ May Intercession ☐ Winter Intercession ☐ Other _____

☐ Summer Session 1 ☐ Summer Session 2 ☐ Summer Session 4

[illegible]

☐ Fall ☐ Spring ☐ May Intercession ☐ Winter Intercession ☐ Other _____

☐ Summer Session 1 ☐ Summer Session 2 ☐ Summer Session 4

[illegible]

Section 3 – Benefits Information

Select Benefit:

- ☐ Chapter 1606 Reserves/National Guard
☐ Chapter 1607 REAP
☐ Chapter 30 Montgomery GI Bill
☐ Chapter 31 Vocational Rehabilitation
☐ Chapter 33 (Veteran) Post-9/11 GI Bill
 Eligibility % _____
☐ Chapter 33 (Dependent) Post-9/11 GI Bill
 Eligibility % _____
☐ Chapter 35 DEA
 VA File # _____ Payee # _____

Is this your first semester at this UCONN campus?

- ☐ Yes, my SSN is _____
☐ No

UCONN Health Insurance:

- ☐ Waive ☐ Keep

Campus Attending:

- ☐ Storrs ☐ West Hartford ☐ Avery Point
☐ Stamford ☐ Waterbury ☐ Torrington
☐ Hartford Law ☐ Hartford MBA ☐ Medicine
☐ Depot ☐ Social Work

Section 4 – Student Acknowledgment
Terms and Conditions
I acknowledge that I am responsible for and must:

- Inform the Veterans Benefits Office of any change in course load.
- File a Form D with the Veterans Benefits Office every semester I desire to use my benefits.
- Understand that academic dismissal may terminate my benefits.
- Understand that I am liable for overpayment made by the VA including overpayment due to enrollment changes on my behalf.
- Acknowledge that if found ineligible by the VA, I am solely responsible for tuition and fees.
- Work with an academic advisor to ensure all courses are completed satisfactorily for my degree program.
- Report my attendance at the end of every month directly to the VA if using Chapters 1606, 1607 or 30.
- Understand that I must notify the Veterans Benefits Office and the Registrar if I withdraw from the university due to a deployment or hardship.
- Understand that I must regularly review my degree requirements with an approved academic advisor.
- Understand that I will be certified and paid based on the information provided in this form and the amount of benefits I have remaining.

I, _____, hereby declare that I have read and agree to the Terms and Conditions above. Failure to comply with any of these Terms and Conditions can result in lack/loss/delay of payment, debt to the university, and/or debt to the Department of Veterans Affairs.

Student Signature

Date

Office of the Provost
 Office of Veterans Affairs & Military Programs
 Phone: (860)486-2442
 Fax: (860)486-5283
 Web: <http://veterans.uconn.edu>
 Email: veterans@uconn.edu
 337 Mansfield Road, Unit 1264
 Storrs, CT 06269-1264