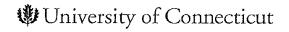


VETERANS CERTIFICATION WORKSHEET - FORM D

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.

Section 1 – Student Information				
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)				
Section 2 – Academic Information				
 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 				
Academic Year: □Fall □Spring □May Intersession □Winter Intersession □Other □Summer Session 1 □Summer Session 2 □Summer Session 4				
Department	Course		Credits	
Academic Year:				
□Fall □Spring □May Intersessi	on Winter Intersession	□Other		
□Summer Session 1 □Summer Session 2 □Summer Session 4				
Department	Course		Credits	
L				



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 %	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		
☐ Chapter 35 DEA VA File # Payee #	☐ 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,			
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