

INSTRUCTIONS:

- **Complete this form in its entirety. Do not leave blanks.**
- Return, e-mail, or fax the completed form to your campus VA certifying official's office.
- As the format and language of this document has changed, please pay attention to detail to ensure you fill out this form entirely.
- 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	Primary Phone Number	Secondary Phone Number		
University Email Address	Date of Birth	Date Submitted (Office Use Only) <i>OFFICE USE ONLY</i>		
Address (Street, City, State, Zip Code)		Military Branch Served or Dependent		
Section 2 – Academic Information				
<ul style="list-style-type: none"> • Major: _____ • Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Guest Student Primary School: _____ State: _____ • Has any of the above information changed since last semester? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are you planning to graduate this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No 				
Course Information				
Choose only one of the following semesters and indicate year : <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <i>If you need to submit for another term, please fill out another form D.</i>				
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> May Intersession <input type="checkbox"/> Winter Intersession <input type="checkbox"/> Other _____ <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer 3 <input type="checkbox"/> Summer Alt 1 <input type="checkbox"/> Summer Alt 2				
Subject	Catalog #	Course Name	Online?	Credits
			<input type="checkbox"/>	
			<input type="checkbox"/>	
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Section 3 – Benefits Information		
Student Name:	Student ID:	Social Security Number:
Select Benefit: <input type="checkbox"/> Chapter 1606 Reserves/National Guard <input type="checkbox"/> Chapter 1607 REAP <input type="checkbox"/> Chapter 30 Montgomery GI Bill <input type="checkbox"/> Chapter 31 Vocational Rehabilitation <input type="checkbox"/> Chapter 33 (I am a Veteran) Post-9/11 GI Bill <input type="checkbox"/> Turned In Certificate of Eligibility? My percentage: % ____ <input type="checkbox"/> Chapter 33 (I am a Dependent) Post-9/11 GI Bill <input type="checkbox"/> Turned In Certificate of Eligibility? My percentage: % ____ <input type="checkbox"/> Chapter 35 DEA VA File # _____ Payee # _____ Are you Utilizing a Tuition Waiver this semester? <input type="checkbox"/> No, I will not use a Tuition Waiver <input type="checkbox"/> Connecticut Combat Veteran Tuition Waiver <input type="checkbox"/> National Guard Tuition Waiver	UCONN Health Insurance: <input type="checkbox"/> Waive*** ***The Veterans Benefits Office cannot waive your insurance; you must do so through <i>your</i> student administration account. Instructions to do so can be found here: http://www.peoplesofthelp.uconn.edu/student/st34cs90.html <input type="checkbox"/> Keep	
	Campus Attending: <input type="checkbox"/> Storrs <input type="checkbox"/> West Hartford <input type="checkbox"/> Avery Point <input type="checkbox"/> Stamford <input type="checkbox"/> Waterbury <input type="checkbox"/> Torrington <input type="checkbox"/> Hartford Law <input type="checkbox"/> Hartford MBA <input type="checkbox"/> Medicine <input type="checkbox"/> Social Work <input type="checkbox"/> Stamford MBA	
Section 4 – Student Acknowledgment - Terms and Conditions		
<p><i>I acknowledge that I am responsible for and must:</i></p> <ul style="list-style-type: none"> • 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, fees, and any other charges. • 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. • Notify the Veterans Benefits Office and the Registrar if I withdraw from the university due to a deployment or hardship. • 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. • Understand that if there are any modifications to this form's format, or I failed to completely fill out this form it can be considered invalid and will be required to resubmit for my benefits using an official Form D. • Understand that form D submissions will be processed in the order that they are received. <p><i>I, _____, hereby declare that I have read and agree to the Terms and Conditions above and that the classes I have listed fulfil my degree requirements. I understand that 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.</i></p>		
_____ Student Signature		_____ Date