

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	
Official Email Address	Date of Birth	Date Submitted (Office Use Only)	
Address (Street, City, State, Zip Code)		Military Branch Served or Dependent	

Section 2 – Academic Information			
<ul style="list-style-type: none"> • Major: _____ <input type="checkbox"/> Guest Student • Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate • 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 			
Semester Year: _____			
Choose only one of the following:			
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> May Intercession <input type="checkbox"/> Winter Intercession <input type="checkbox"/> Other _____			
<input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer 3 <input type="checkbox"/> Summer Alternative 1 <input type="checkbox"/> Summer Alternative 2			
Department	Course Number and Name	Online?	Credits
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
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		<input type="checkbox"/>	

Section 3 – Benefits Information													
<p>Student Name: _____</p> <p>Select Benefit:</p> <p><input type="checkbox"/> Chapter 1606 Reserves/National Guard</p> <p><input type="checkbox"/> Chapter 1607 REAP</p> <p><input type="checkbox"/> Chapter 30 Montgomery GI Bill</p> <p><input type="checkbox"/> Chapter 31 Vocational Rehabilitation</p> <p><input type="checkbox"/> Chapter 33 (Veteran) Post-9/11 GI Bill Eligibility % _____</p> <p><input type="checkbox"/> Chapter 33 (Dependent) Post-9/11 GI Bill Eligibility % _____</p> <p><input type="checkbox"/> Chapter 35 DEA VA File # _____ Payee # _____</p> <p>Have you ever submitted a Tuition Waiver?</p> <p><input type="checkbox"/> Connecticut Veteran Tuition Waiver: Month/Year _____</p> <p><input type="checkbox"/> National Guard Tuition Waiver</p>	<p>Student ID: _____</p> <p>Is this your first semester at <u>this</u> UCONN campus?</p> <p><input type="checkbox"/> Yes, my SSN# is _____</p> <p><input type="checkbox"/> No</p> <p>UConn Health Insurance:</p> <p><input type="checkbox"/> Waive* <input type="checkbox"/> Keep</p> <p><small>*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:</small></p> <p>http://www.peoplesofthelp.uconn.edu/student/st34cs90.html</p> <p>Campus Attending:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Storrs</td> <td><input type="checkbox"/> West Hartford</td> <td><input type="checkbox"/> Avery Point</td> </tr> <tr> <td><input type="checkbox"/> Stamford</td> <td><input type="checkbox"/> Waterbury</td> <td><input type="checkbox"/> Torrington</td> </tr> <tr> <td><input type="checkbox"/> Hartford Law</td> <td><input type="checkbox"/> Hartford MBA</td> <td><input type="checkbox"/> Medicine</td> </tr> <tr> <td><input type="checkbox"/> Depot</td> <td><input type="checkbox"/> Social Work</td> <td></td> </tr> </table>	<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"/> Depot	<input type="checkbox"/> Social Work	
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Section 4 – Student Acknowledgment													
<p>Terms and Conditions</p> <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 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. <p><i>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.</i></p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <p>_____ Student Signature</p> </td> <td style="width: 50%; vertical-align: bottom;"> <p>_____ Date</p> </td> </tr> </table>		<p>_____ Student Signature</p>	<p>_____ Date</p>										
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Office of Veterans Affairs & Military Programs
Phone: (860)486-2442
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