

**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	Middle Name		
Student ID Number	Primary Phone Number	Secondary Phone Number		
University Email Address			Date of Birth	
Address (Street, City, State, Zip Code)				
Military Service Background Choose one: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Dependent Choose also if applies: <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Other: _____				Date Submitted (Office Use Only)
Section 2 – Academic Information				
<ul style="list-style-type: none"> <li>• Major: _____ Minor: _____</li> <li>• Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate OR <input type="checkbox"/> Guest Student Primary School: _____ State: _____</li> <li>• Has any of the above information changed since last semester? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Are you planning to graduate this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>				
Course Information				
Choose only <b>one</b> of the following semesters and indicate <b>year</b> : <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <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"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
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			<input type="checkbox"/>	



## VETERANS CERTIFICATION WORKSHEET- FORM D

Academic Year 2015-2016

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 VA Counselor Name: _____ <input type="checkbox"/> Chapter 33 (I am a <b>Veteran</b> ) Post-9/11 GI Bill <input type="checkbox"/> Turned In Certificate of Eligibility? My percentage: % ____ <input type="checkbox"/> Chapter 33 (I am a <b>Dependent</b> ) 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"/> <b>Waive***</b> ***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: <a href="http://www.peoplesofhelp.uconn.edu/student/st34cs90.html">http://www.peoplesofhelp.uconn.edu/student/st34cs90.html</a>  <input type="checkbox"/> <b>Keep</b>	
	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"> <li>Inform the Veterans Benefits Office of any change in course load.</li> <li>File a Form D with the Veterans Benefits Office every semester I desire to use my benefits.</li> <li>Understand that academic dismissal may terminate my benefits.</li> <li>Understand that I am liable for overpayment made by the VA including overpayment due to enrollment changes on my behalf.</li> <li>Acknowledge that if found ineligible by the VA, I am solely responsible for tuition, fees, and any other charges.</li> <li>Work with an academic advisor to ensure all courses are completed satisfactorily for my degree program.</li> <li>Report my attendance at the end of every month directly to the VA if using Chapters 1606, 1607 or 30.</li> <li>Notify the Veterans Benefits Office and the Registrar if I withdraw from the university due to a deployment or hardship.</li> <li>Regularly review my degree requirements with an approved academic advisor.</li> <li>Understand that I will be certified and paid based on the information provided in this form and the amount of benefits I have remaining.</li> <li>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.</li> <li>Understand that form D submissions will be processed in the order that they are received.</li> </ul> <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>		
_____ <b>Student Signature</b>	_____ <b>Date</b>	